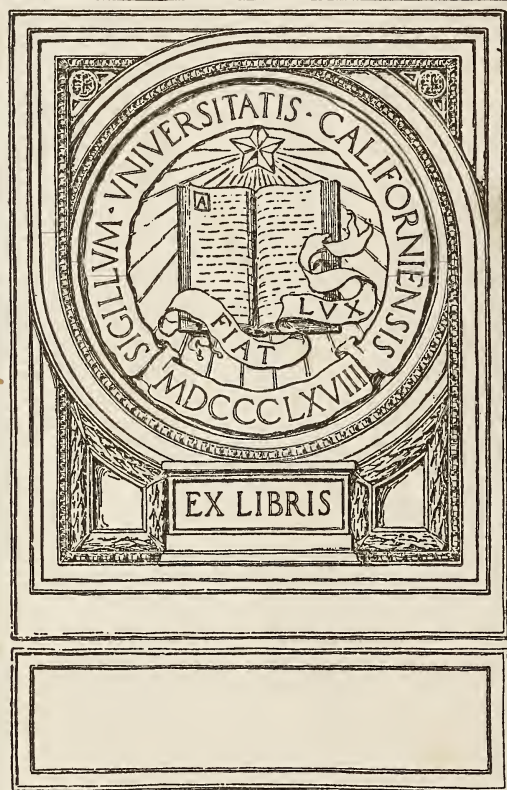




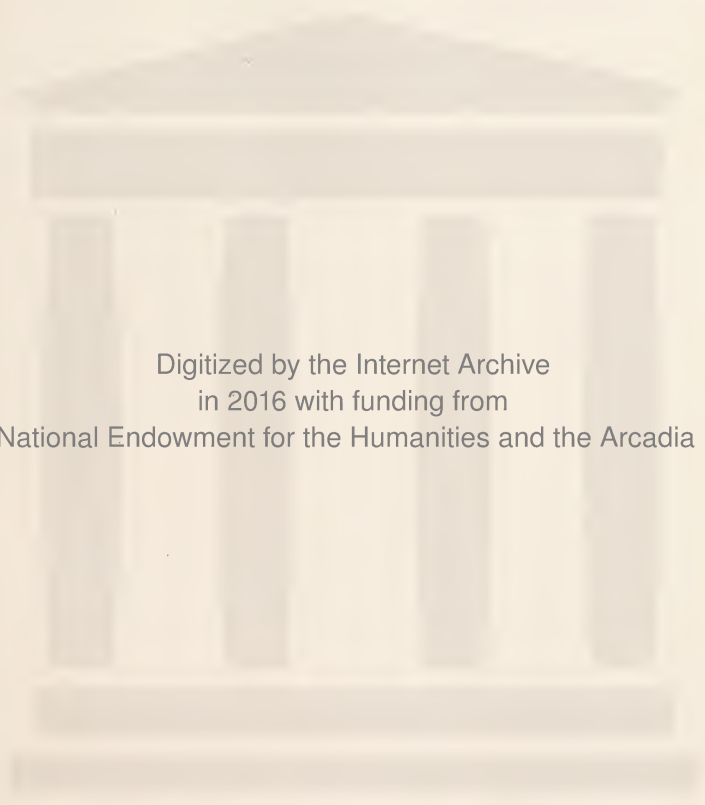
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## Original Articles.

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### NOTES ON THE CONTRACTING KIDNEY.

By OTTO LERCH, A. M., PH. D., M. D.

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This disease is far more frequent than is commonly supposed. The large number of deaths directly due to complications cause the statistics to fall short of the truth. I am induced to write on this subject because patients come daily under observation that have passed the stage in which the physician is able to stop the progress. Patients that have never received a fair warning in time come to us to have conditions relieved that interfere with and threaten life.

Chronic congestion followed by interstitial tissue growth gradually encroaching upon the parenchymatous tissue is the essential pathologic feature of the disease and the various names, red granular kidney, cirrhotic kidney, interstitial nephritis, the kidney of gout, of arteriosclerosis, of alcoholism, of lead intoxication, of malaria and of lues, indicating largely the etiology, call our attention at once to the numberless com-

plications that accompany this form of Bright's disease. One or the other of these may in the course of the trouble become the most prominent feature and most urgently demand relief. In some instances, though rare, a valvular disease of the heart may give rise to an interstitial nephritis. The constant passive hyperemia due to the valvular lesion may finally lead to a contracted kidney, and in some few instances the large white hypertrophic kidney following usually the acute infectious diseases may be converted into the contracted variety.

We cannot speak of this disease without bearing in mind that the cause that has led to a chronic congestion in the kidneys and finally has brought about abundant connective tissue growth with its consequent destructive changes of parenchyma has caused similar changes in every organ of the body.

It is a question whether chronic endarteritis is ever absent, and remembering that in almost every instance the primary cause of the disease is a toxic substance in the blood, we can well understand that such an association and relationship should be so well established. Constant congestion caused by the toxic irritant is followed by interstitial tissue growth throughout the vascular system with a frequent final result of general capillary fibrosis.

The same condition may be brought about by undue lateral pressure within the blood vessels. Hard work and a life of luxury may either cause it as well as mental labor and anxiety. It is well to remember that physicians working constantly under high tension suffer more than any other class of people from this disease.

The disease is not well established till late in life, that is till after the patient has passed middle age. The elasticity of the capillaries is still fairly well preserved so as not seriously to interfere with a proper nutrition of the tissues, and the changes that have many years past commenced and slowly and insidiously progressed in the kidneys have not yet disturbed the necessary function of these organs. The patient is not aware that he is suffering from a most dangerous chronic disease. In fact he feels well, in perfect health, and may even laugh at our warnings. This does not seem so strange, knowing that the robust and strong become most frequently the victims, and that after the removal of one kidney patients may live for many



years, some perhaps to the end of their natural expectancy. This explains also why, in many instances, a perfectly normal urine should be excreted by kidneys that have shrunk to half of their size which otherwise would be indeed difficult to understand. It is that one form of Bright's disease in which albumin and casts are often absent, and in which, as has been mentioned, the urine not infrequently is found absolutely normal.

Unfortunately in the vast majority of cases the disease is not seriously treated till such changes do appear, or till convulsions occur and perhaps end life.

It must not be forgotten that the involutions of age become a potent additional factor hastened by primary conditions.

Premature arterial degenerations are of frequent occurrence.

Once the resistance established in the arterial system the heart is bound to answer with hypertrophy to overcome peripheral resistance and with the tense but still compressible pulse we find the apex beat lifting and the second sound over the aorta accentuated. As the years pass the characteristic wiry pulse or water hammer pulse appears accompanied sometimes by an enormously hypertrophied and dilated heart beating and pounding against the chest wall. Finally hypertrophy ceases, degeneration of its muscular tissue progresses rapidly and dilatation follows, marked by pronounced cyanosis, dyspnea, edema of feet and ankles, congestion of the viscera and the concentrated urine of stasis. Murmurs are now heard over every valve and the patient presents the picture of advanced heart disease.

It is settled that no matter how high blood pressure may rise and whatever may be its cause, the elasticity of a normal vascular system is sufficient to sustain it. Not till disease has lessened this factor, arteries will give way and rupture under undue pressure. Unfortunately the most favored seat of hemorrhages is the posterior portion of the internal capsule, *nourished by capillaries that do not anastomose* and therefore are least able to stand excessive pressure. As endarteritis accompanies interstitial nephritis practically in every instance it is at once clear why hemiplegias due to hemorrhages should be of such common occurrence.

It is not at all rare to find such notices in the daily papers Mr. B., a wealthy and prominent citizen of the city "*in perfect health,*"

was suddenly struck with apoplexy on the street, or was found dead in his office chair. The short notice tells the story of a past life and likely not till then the character of the fatal disease was suspected.

Chronic bronchitis and pulmonary emphysema are frequently associated with this form of nephritis and are merely an expression of a common cause that has marked the kidney lesion the most prominent feature of a general condition.

Liver cirrhosis is another common complication, so that in the vast majority of cases we have to consider a chronic inflammation and fibrous tissue growth in every organ of the body.

It is characteristic that in the large majority of cases these chronic inflammatory changes may have seriously crippled the functional capacity of every organ without interfering with long life and apparent good health.

It is not at all rare to find patients of 60 years and more with the pulse wiry, or the arteries like pipestems, the heart hypertrophied, the liver shrunken, the lungs emphysematous and the kidneys contracted; patients that have given a history of hard work, constant drink and good health during all these years and that have performed their duty to the very end. Goutics that give us a history of generations, all of whom have died with apoplexy and dropsy, who to begin with tell us that they do not blame their ancestors altogether but that they themselves have lived enough to account for the trouble; patients in whose urine albumin and casts have been occasionally found for 20 and 30 years past, and who at the age of 60 are still at the head of large business concerns. In other cases the inflammatory changes are rapid and the disease shows a serious, fatal progress.

In every instance, however, the patient is not aware of its presence for months and years till either gradually or suddenly symptoms appear. As long as the kidneys supported by the other organs of the body do their duty the patient will be free of any trouble, no matter how far the inflammatory process may have progressed. A faulty metabolism due to disturbances of nutrition coupled with an insufficient elimination, must finally cause the train of symptoms to appear, so familiar to every physician, in headache, stupor, sleeplessness, muscular and neuralgic pains, gastro-intestinal disturbances, catarrhs of throat and bronchi with a tendency to chronicity and calls always

for a thorough examination. Retinitis is sometimes the first more serious and distressing symptom and it may happen that the patient is sent by the oculist to the physician for treatment. Asthmatic attacks, especially after exertion, are far from being rare in a more advanced stage of the disease, as a rule indicating that the heart is unable to overcome the obstruction existing in the periphery. The hypertrophied heart, as well as peripheral obstruction, both tend to raise pulse tension and lessen blood flow, in consequence interfering with a proper aeration of the blood and nutrition of the organism.

These symptoms and many more may occur and recur during many years like an acute exacerbation of the inflammatory process and in doubtful cases will settle the diagnosis. In such an attack the temperature rises to 102 deg., sometimes to 103 and 104 deg.; delirium, convulsions and coma may accompany the attack and not infrequently cause death. The urine, as a rule of light greenish color and low specific gravity and free of albumin and casts, is now concentrated and contains both.

We are constantly told that this form of Bright's disease is incurable. *Such a statement may lead to insufficient treatment at a time when perhaps the inflammatory process may yet be checked.* It is true that parenchymatous tissue once destroyed can never be remade and interstitial tissue once formed but little influenced.

If the disease is recognized in its early stages, however, and the patient is willing to be treated there can hardly be any doubt that in the majority of cases we can stop the progressive course of the disease and insure our patient many years of good health.

The treatment must vary according to the stage to which the disease has progressed. Knowing that the outset is insidious and slow and that it takes months and years to establish changes that interfere with normal health, it becomes of the highest importance to make an early diagnosis and not to wait for symptoms that already indicate an advanced state.

The hereditary and the personal history furnishing etiologic data; a pulse of more than normal tension, the apex beat lifting, the second sound over the aorta accentuated and a tendency to catarrhs, must in many instances suffice to begin treatment.

More than that, in families with a gouty tendency the physi-



cian will act wisely in forming the habits of the children to save them from future troubles.

The first indication in all cases is of course to treat the cause, next to regulate the habits of the patient by employing a hygienic regimen. If the disease is not too far advanced these measures will be found sufficient to keep the patient in good health to the end of his natural life. The physician must prescribe them in each individual case, as they must necessarily vary.

There are, however, certain rules that ought to be observed in every instance, a careful selection of clothes for the protection against colds to which all nephritics are subject. A non-stimulating diet to lessen blood pressure and to avoid irritation of the urinary apparatus. That is, the amount of meat taken must be limited if possible not more than once a day, and alcohol, spices, condiments, coffee and strong tea avoided.

An out door life as far as possible and rest and exercise well proportioned.

After the disease has advanced it is often of advantage, especially during acute exacerbations, to prescribe a milk diet for a time in order to procure rest for liver and kidneys. The milk diet, of course, is not curative in this form of Bright's disease.

A change of climate is often found beneficial, the climate to be selected according to the idiosyncrasies of the patient.

In the more advanced cases the symptoms as they appear indicate the treatment. The tense pulse and the hypertrophied heart call for relief. The nitrites, nitroglycerin, chloral hydrate and the iodides are the most reliable agents to be employed for this purpose.

The drugs must be given for the effect, that is till the pulse has become soft.

By lessening the arterial tension we lighten the heart's labor, counteract its hypertrophy, stimulate elimination and make our patients comfortable by frequently relieving dyspnea and a train of symptoms due to a serious interference with a proper nutrition of the tissues.

The treatment of uremic symptoms, headaches, rheumatic pains, neuralgias, gastro-intestinal disturbances, convulsions, etc., is: 1. To prevent or limit the production of toxic substances by a carefully chosen diet, in the severer cases an occasional milk



and buttermilk diet. 2. To favor elimination by skin, lungs, intestines and kidneys. 3. To burn up toxic substances by well selected exercise in the open air—of course in every case short of fatigue.

Blood letting in the robust is sometimes very efficient to overcome a crisis. 32 grains of blood contain more toxic matter than 100 litres of perspiration.

A combination of caffein and sodium benzoate acts well as an eliminant if the kidneys are not impermeable. Cardiac tonics are only indicated if the heart has commenced to fail, the apex beat has become wavy and imperceptible, the pulse frequent, irregular and thready. Digitalis, if given, must be given with caution and its action on the heart as well as on the vessels must be remembered. Hydrotherapy furnishes us always with a very valuable adjuvant to treat this affection, and the method is indicated:

1. For the care of the skin.
2. For the treatment of chronic uremic conditions.
3. For the treatment of dropsy.
4. For the treatment of acute uremic attacks.

The care of the skin is best attained by ordering a warm bath twice or three times a week, duration one half hour. The bath is best followed by one or two hours rest in bed in order to avoid colds. All nephritics are predisposed to colds. The temperature of the bathroom has to be carefully regulated and the cloth used after the bath must be dry and warm. The bath may be followed by alcoholic friction. It is dangerous to treat these patients with cold ablutions after the warm bath.

Such a treatment will frequently relieve the symptoms of uremic poison, headache, loss of appetite, indigestion, etc. Sometimes the sweat bath acts better. This is best given in moderation by directing the patient to take a bath of a temperature of 40 deg. C., and have him sweat in a dry pack after the bath. Instead, the hot air bath in bed or in the cabinet may be administered. A combination proves sometimes of greater advantage. For instance: first day warm bath; second day hot air bath; third day rest. The hot air bath like the warm bath is best followed by rest in bed and not by cold ablution as is the custom. The main indication for the sweat bath is edema.

There can be no doubt that the edemas due to nephritis are well influenced by the sweat bath.

Thickening of blood can be counteracted by directing the patient to drink freely during the bath. Whenever this bath is *given the heart must be intact*. Winternitz advises the sweat bath of the lower half of the body with an icebag over the heart.

During uremic attacks the hot bath with cold ablutions in the bath has been highly advocated.

This is the only condition in which cold applications have been advised. The bath ought not to last longer than from five to ten minutes; it is given as an excitant.\*

In conclusion, I again call attention to the necessity of an early recognition of the disease and the beginning of the treatment at an early stage. If this favorable time is allowed to pass, cure becomes more and more impossible with each succeeding year, with each succeeding month, and relief of harassing symptoms more and more difficult, and after the disease has advanced beyond a certain point and the kidneys have become impermeable, all remedies fail, the pulse loses its tension, the heart beats delirious, cerebral symptoms continue and the patient dies. Far more frequently, however, patients are carried off by intercurrent diseases, of which pneumonias and apoplexies are especially to be mentioned, though a well established cirrhotic kidney provides a favorable soil for almost any disease and by reducing the resisting power of the organism enormously, may cause death when otherwise the patient would pass smoothly through the attack. This remote cause is hardly ever recorded in our mortality tables and in many instances it may not be recognized. It is on this account that the danger is often overlooked and that the statistics fall short of the truth.

We treat as most serious the first uncertain symptoms of tuberculosis, realizing that if left alone the patient, as a rule, will succumb within a few years. Yet, even certain symptoms of a beginning contracting kidney are neglected. It is true that frequently the end is far off at that time, nevertheless it will destroy life with just the certainty that consumption does. It seems advisable that we regard the first symptoms with apprehension and commence treatment with that vigor this insidious, slow, progressive and most dangerous disease demands.

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\*Matthes, *Lehrbuch der hydrotherapie*, Jena.

## THE TONGUE AS A DIAGNOSTIC FACTOR IN DISEASE.\*

BY L. G. LEBEUF, M. D., VISITING PHYSICIAN TO CHARITY HOSPITAL, NEW ORLEANS

The undoubted tendency of the age is towards exactness and mankind in its struggle for this exactness has achieved gigantic strides in medical research, as well as in science generally. The thermometer, the sphygmograph, the stethoscope, the microscope, the X-ray, everything to-day tends to the harnessing of these splendid discoveries to a good purpose and as useful factors in diagnosis. It is most interesting to witness this evolution from former methods and there is some pride in the thought of these achievements; still, it seems to me that with this display of inventions, and mechanical appliances, we are gradually setting aside the principal actor in the field, I mean Man himself, with the application of his sentient powers, his accomplishments, his education and his God-given judgment.

When we have invented instruments and appliances which can be used in every disease and to recognize all conditions of pathology, where will be the need of the "Old Practitioner," with his years of experience and ability? A nurse or a laboratory clerk will do as well. What will be the need of the training of years or the study of a life-time? In this statement, I do not wish to appear reactionary in my views and I do not care to detract from the advantages of these discoveries, but I merely wish to raise my voice in behalf of the old practitioner and speak of some of the methods which he used.

Why not make a combination of the two schools—ask the *Ancien Régime* to adopt some of the mechanical agents which help the exactness of diagnosis so much to-day; and at the same time tell the new graduate that the voice of experience is not only a pathetic one, but at most times a useful one also, which is certain to carry its lesson with it, and in this interchange, if the whole truth could be told, the advantage would not be wholly with the new men.

It is easy to understand the repugnance of the modern physician, fresh from his hospital and laboratory studies, for the old methods, when he is so splendidly equipped with the army of new adjuncts at his command, and we can understand his contempt for the customs of a few centuries back, so well depicted

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\*Read before the Louisiana State Medical Society, Shreveport, La., June, 1902.



by Molière in *Le Médecin Malgré Lui*, by Le Sage in *Gil Blas*, immortalized forever in the character of Dr. Sangrado; and by Dr. Smollett in his *Peregrine Pickle* and *Random Fathom*. This contempt is legitimate, because it is expressed for ignorance, pure and simple. But the buffy white coating of the tongue of the XVI and XVII centuries is as much used in the Twentieth Century as it was then; only, the truth of this is not as openly admitted now as it was then. Even to this day the appearance of the tongue is a great indicator to many practising physicians.

The public itself, which has an improper knowledge of the discoveries and advances of our profession, the public which has been taught to expect wonderful results from these improvements, is almost surprised when asked to show its tongue, and and is even willing to use this member in protest and condemnation of such antedated and primeval usage. And yet, our most up-to-date fellow members do it unconsciously and "Pull out your tongue" is not an idle habit, but a help, even to those who deride the custom.

For over seven years, during which time I kept notes of my clinics in the Charity Hospital, in New Orleans, I have had under observation over 8000 new cases, where I have been called upon to treat possibly one-fourth of that number; the other three-fourths were merely admitted and gave only a chance for a quick cursory examination, during which, though, the tongue took an important part. The diagnoses made at this first *de visu* sitting were borne out by the later course of the disease in the records of the Hospital. In some instances, also, in the Pathological Department, and in 1897, some 27 diagnoses, with appearance of the tongue, were also borne out by the later course of the disease in the Beauregard School Isolation Hospital for yellow fever cases.

Naturally, in discussing this subject, I want to merely give an *aperçu* of the observations taken of the diseases which came most frequently within my experience. I can only give the conditions most seen in our climate and could not classify in this short tableau all the diseases on record. To be able to more intelligently understand this appearance, it would not be amiss to rapidly describe the principal facts regarding the general anatomy and physiology of this organ.

The tongue, though it is the organ of the special sense of

taste, has also an important role to play in the act of deglutition; and by helping to triturate the food ingested, it has also an active relation to the process of digestion. Situated as it is in the floor of the mouth, it is composed of and held in position by various muscles and ligaments. These muscles acting from their point of various attachment, either to the styloid process of the temporal bone, from the hyoid bone, the symphysis of the lower maxillary, act at different points of leverage and serve to produce the different movements and actions of the tongue.

The vascular supply comes from the lingual, the facial and the ascending pharyngeal arteries. The nerve supply—and that is very important—are four in number to each half of tongue: 1st. The gustatory branch of the fifth or trifacial, which is known as the lingual or gustatory. It is distributed to the mucous membrane and papillæ at the forepart and sides of the tongue, the chorda tympani, a branch of the seventh or facial, joins this nerve and descends to the tongue with it. The gustatory is the nerve of common sensation, but not the principal nerve of taste, though the fifth nerve is one of the most delicate and sensitive of all the cranial nerves. 2d. The ninth, or glossopharyngeal, is the special nerve of taste and sometimes it supplies the mucous membrane of the tongue. It is specially distributed to the base and side of the tongue and to the circumvallate papillæ; hence the most delicate gustation, or *arrêre gout*, seems to be in the base of the tongue. 3d. The hypoglossal nerve, or twelfth cranial nerve, with 4th, the chorda tympani, are the nerves of motion to the organ.

The matter which concerns the interest of this article being the diagnostic value of the tongue and its appearance in disease, we are chiefly interested in the study of the mucous membrane and its anatomy, as it is the membrane which invests the entire free surface of the tongue. It is thin and smooth on the under surface and side, and as it passes over the sides to the dorsum of the tongue, it becomes the rough papillary character so well known. It is thin in front, but much thicker at the root. It consists of a thin layer of connective tissue covered with a corium, or mucosa. In this network of fibrous connective tissue or corium, we find supporting them a number of papillary projections which are made of a kind of matrix of blood vessels,



lymphatics and epithelium. They are called papillæ. These papillæ are of three kinds: first, the largest or circumvallate; second, the next or middle, called the fungiform, and third, the smallest or conical papillæ or filiformes. The papillæ maximæ (circumvallæ) are situated at the back part of the root of the tongue. They form a V like row at the base of the tongue and are about eight to twelve in number. The gustatory bulb of Engelmann, or taste bulb, with the termination of the glosso-pharyngeal nerve, are found in these papillæ.

The next in size, the papillæ fungiformes, are scattered here and there in an irregular way all over the dorsum of the tongue, but specially at its tip and its sides. The epithelium covering them is very thin. These papillæ are also composed of gustatory bulbs of nerves, blood vessels and epithelial cells, but less sparingly than the circumvallate. The last papillæ, the papillæ filiformes, are by far the most numerous. They cover the anterior two-thirds of the tongue. They are conical in shape and parallel to the circumvallate papillæ and are usually arranged in bipenniform rows. The epithelium which covers them seems to be hair-like in appearance. They must give the tongue its tactile sensibility, and though they may have a part to perform in the attrition of food, they especially help to guide the tongue in its many complicated movements. There are a larger number of glands in the tongue, some serous and some mucous. The mucous are found all over the surface of the mucous membrane of the tongue, except in the vicinity of the gustatory goblets. The racemose or serous glands, on the contrary, are found at the base of the tongue, near the papillæ circumvallate, where the taste bulbs are in larger quantity. This secretion must certainly help to assist and distribute substances to the taste area. The epithelium which invests the whole surface of the tongue is of the scaly character, like that of the skin. It is easy to understand when we remember this rapid sketch, *i. e.*, the large number of nerves supplied to this organ, its numerous blood vessels, its glands, its peculiar and complicated formation of papillæ, with their taste goblets, the amount of squamous epithelium over all this, that, almost any disturbance of the nervous system affecting the heat centre, or the crania nerves, will also affect the tongue and by showing also a dif

ference in the supply of blood through some condition of the impaired circulation, and by loss of function of the glands or impaired normal action of the stomach, will also greatly disturb this organ in its functions as well as in its appearance. The coating of the tongue or the accumulated sordes, which gives it most often its characteristic buffy, furred appearance, consists of a dirty-looking secretion composed of blood corpuscles, scaly epithelia, with foul matters from the stomach, food and micro-organisms. The coating which is principally seen is caused by an excessive formation of epithelium, which accumulates between the filiform papillæ and thereby makes them appear more uncovered and prominent.

The tongue should be examined for the following physical signs:

- A. Movement, or mobility;
- B. Volume, or thickness or shape, with indentation of teeth or not;
- C. Dryness, *i. e.*, sensation to the touch;
- D. The color;
- E. The character and appearance of the coating itself.

A. With regard to the movement of the tongue: In typhoid fever and all adynamic fevers of a low type, it is protruded very slowly, in fact, whenever you ask a patient to put out his tongue and he does it slowly or with a certain tremulousness, you know that you have to deal with some exhaustion. This also happens in nervous diseases or any condition following nervous debility. Naturally, this is specially seen in paralysis, in some forms of dementia, in the coma of uremia, diabetes, cerebral hyperemia or apoplexy. They protrude the tongue slowly and then leave it out, seeming to forget that it is out. In apoplexy the tongue is protruded to the side which is paralyzed. If the patient is only threatened with some glosso-labio-pharyngeal paralysis, the tongue becomes clumsy in its movements, for a certain time before the paralysis both in speech and in its unsuccessful efforts in removing food from the mouth and teeth. When this happens, we can look for some cortical lesion in a locality controlling muscular action. The differential diagnosis of the seat of the lesion, whether in the cortex, in the pons varolii or the medulla or in the nerve itself, according to the fact of unilateral or bilateral paralysis,

becomes then most interesting. Tremulous movement of the tongue is also seen from alcohol, but in this condition the tongue is also large, coated most times, or angry red and cracked. The differential diagnosis between the tremulousness of the tongue in typhoid and in glosso-labio-pharyngeal paralysis, lies in the fact that in typhoid fever the tremor occurs specially when it is protruded or moved in and out of mouth, while in cortical paralysis we note filillary movement of the tongue, even when it is lying in the cavity of the mouth.

B. The volume of thickness and slope of the tongue, also the showing of teeth indentation.

This is often due to excessive coating and flabbiness of the organ from conditions of the digestive system, like biliousness, malarial fever, mercurialism, poisoning by carbolic acid or sulphuric acid, etc. The size of the organ is mostly due to conditions generated from the hygiene of the organ itself or from direct structural causes; *i. e.*, cicatrices or cuts from habitual attacks of epilepsy, enlargement from obstruction of sublingual gland, caused by calculi or impeded secretion, and then again the nodules from syphilitic lesions or epithelioma or tuberculous ulcerations. We see also edema of the tongue in scrofula of children, in tonsillitis and also the large, broad flabby tongue of acute articular rheumatism. In mucous glandular inflammations of children, we have, besides the papillæ enlargement, a rather enlarged flabby tongue. In yellow fever, the shape is also peculiar, small pointed and flattened toward tip and sides, besides the coating in centre of tongue, it shows also a peculiarly narrow red tip and edge. Both Drs. Touatre and Joseph Jones call this typical of the disease. In typhoid fever also the tongue is small and pointed, but with a peculiar dry coating.

C. The sensation of touch in dryness or moisture of tongue.

This is a very important factor in diagnosis, because it is the pilot which informs us of the secretions of the body, whether deficient or increased. We should watch this condition very carefully, because it teaches us in the exanthematous diseases, in the affections of the gastro-intestinal tract and in typhoid fever, the exact condition of the glandular system. The dry, parched, leathery tongue, small and pointed, which, coated in the middle and red at edges and apex, is so often seen in typhoid and so much to be dreaded, is proof positive of

weakened circulation or grave interference of secretions of the body.

On the other hand, how pleasant it is after three or four weeks of fever to see your patient's tongue resume its humidity; how pleasant a feeling it is to begin again to feel the moist velvety sensation of returning vitality and proper assimilation and secretion! Mouth breathing in all fevers, on account of nasal obstructions, causes the dryness of the tongue, and we must be careful not to be deceived by this mechanical cause.

D. The color has its importance and that importance is sometimes of the first magnitude. In jaundice and biliousness, it is considered of primary importance by Drs. Fothergill, H. A. Hare and Austin Flint, to find the peculiar yellowish pearly colored appearance of the tongue, due, it is believed, to the elimination of the taurocholic acid from the salivary glands. Then there is the white tongue of stomatitis or *saccharomyces albicans*. The age of the child and its diet also help in this diagnosis. The strawberry tongue of scarlatina must be remembered here. This red punctured tongue is really due to the presence of the fungiform papillæ, which project from a floor of thick, whitish coating. They appear enlarged and red because they are denuded of their horny epithelial covering. Later, in this disease, the whole tongue looks red and the peculiar characteristic appearance of strawberry or raspberry tongue, shows out most plainly, because the intervening coating is removed from the tongue.

In Gould's Year Book of Medicine (1902), the author speaks of this redness and enlargement of the papillæ as being diagnostic also of influenza, as it is of scarlatina and measles. It is also very red in the other exanthemata, but pale and whitish whenever the blood is watery and deficient in red blood corpuscles. We find it also livid and blue when there is a mechanical obstruction to the flow of venous blood, or there is an improper pulmonary circulation as in some cardiac and pulmonary lesions.

B. Finally, the character and appearance of the coating itself.

This may not be the most important factor in the diagnostic value of the tongue, but it is the one which is the most under-



stood and relied upon by the majority of physicians, even to this day. Only, we are not as honest in our admission of its value. To speak of the coating and its relation to disease would open the chance of writing a complete volume, so I will only speak of the most salient points which appeal to me.

In health we can barely notice any perceptible coating on the tongue. In fever and in pulmonary as well as digestive disturbances we have a quick accumulation of micro-organisms, scaly epithelium attached to the papillæ and minute particles of food products from the stomach and other micro-organisms. This is what the coating most often seen consists of. In affections of the liver or duodenum the coating is generally yellowish-white, hence this color is seen in all malarial fevers with enlarged congested livers. In scrofula when we have a weakened impure circulation we note an accumulation of epithelium and blood cells attached to the central papillæ or filiforms and this is called in contradistinction a *furring* instead of the usual name of coating.

This is seen in habitual tea drinkers. The coating is also often due to drugs. It is the pigment matter of the drug which gets under the epithelium, either iron, bismuth, blackberries and red wine. In typhoid fever, or long continued illness of any kind, where there is excessive exhaustion there is a peculiar dry, muddy coating. At first only the back of the tongue and the center is coated around the circumvallate papillæ and the central raphe, but as the patient gets exhausted and more apathetic, the tongue becomes elongated and red and narrows and thins at the tip and at the edges and quickly assumes more and more coating.

When this coating comes off and all the dead epithelium is renewed, you must look anxiously for the soft moisture which you hope for, or on the other hand, witness the tell-tale dryness of exfoliation of cells, leaving exposed a red, dry, parched flooring of ominous meaning. In biliousness, you see the broad, flabby, white coating, with foul, offensive breath. In malaria—and this has a special interest to me, for out of over 8000 tongues looked at in the Charity Hospital clinic, I was able to see over 4000 with this characteristic appearance—a thickened tongue, with a whitish-yellow coating and fur. This seemed to be arranged in parallel lines to the circumvallate



papillæ at the base and show in two well marked lines, like serried ranks or rows of papillæ, at an obtuse angle to median raphe of tongue. This tongue is generally indented on each side toward the tip by three or four teeth marking indentations. If the malarial fever assumes a pernicious type, this coating becomes thicker and flatter, not raised as before, but more like a membrane. Then, also, the tongue becomes smaller, dry and parched.

In acute rheumatism we most often see a broad tongue, with a white, moist coating.

Children with a grayish-white tongue, here and there a red spot, show irritation of intestinal tract, or some mucous disease of the gastro-intestinal system. An angry red, irritated tip to tongue must lead us to look for tenia in children also.

Again, the coating in typhoid fever is of a peculiar whitish-brown color, thin and adherent, seeming to cover and invest the filiform papillæ completely. It can not be rubbed off like common sordes, but seems to be an intimate membrane, like the pseudo deposit of diphtheria.

When the fever progresses, it becomes thinner and smaller pointed and with red edges and tip, dry and parched, and the coating looks leathery and most tenacious. It is generally a whitish gray coating, which cannot be rubbed off unless the tongue is made to bleed.

In all the cases seen and diagnosed in 1897 and 1898, during the light visitations of these years, as yellow fever, there showed up very beautifully the descriptive picture of Dr. Joseph Jones of a scarlet tip and edges with well injected tongue. In a record kept for me by the then resident student, Dr. W. H. Thomas, this condition of the tongue showed in twenty-seven cases seen in the clinic, and certainly was very typical.

In fractured skulls or injuries of the foramen rotundum or of the gasserian ganglion, Drs. Hilton and Bransby Cooper report several cases where the tongue kept afterwards a unilateral coating.

Some years ago a peculiar case of unilateral perspiration came under my observation, in which there was also a unilateral coating of the tongue. I reported the case at the time before the Orleans Parish Medical Society. The patient, a white male adult of about 50 years, had been a French soldier in Algeria some 18 or 20 years ago; he claimed that he had had syphilis as a very young man, but that the unilateral diaphoresis and the

unilateral coating of his tongue had followed his continued exposure to the torrid African sun. Of course, there is always present a light fur or velvety coating in strong tea drinkers and in habitual alcoholics; old people or dyspeptics also have a distinct dirty grayish coating, with a cracked or fissured appearance of tongue.

Another type of tongue often met with in the clinics of the Hospital is a type I have never seen recorded anywhere. I mean the starvation or exhaustion tongue. It is characterized by a peculiar white, dry coating, cracked alongside of the median raphe and having distinct rows of raised epithelium on both sides of the raphe. This is most often seen with the "Gentry of the Middle of the Road," who come to us, for admission, with a hard luck story and apt description of twenty different ailments, while, in fact, their illness answers readily to the harsh and heroic treatment of a bath with soap and warm water, followed by two or three copious meals. The coating in this type is lost as quickly as the memory of the ailments described. The endemic type of tongue appearance, due to impure drinking water, to acute diarrhea, dysentery, ptomain poisoning, or to the fermentative processes so often seen in intestinal poisoning, is also one of marked interest. It is a large, flat, red tongue, fissured at times, but with only a faint furring. It is also angry and beefy at other times and appears very strongly irritated.

In conclusion, I want to say that though we cannot absolutely call, any of these different descriptions, specially pathognomonic, of any given disease or type of disease, yet, it seems to me, that the tongue and its characteristics should be held in mind always in determining disease, and that when we have an appearance always present in malarial fever, another condition of the tongue nearly always present in typhoid, another certainly always present in scarlatina, and still another seen in yellow fever—that we can safely say that this appearance is still an adjunct in diagnosis and a factor which must be reckoned with even in this progressive and enlightened age.

*Bibliography:* Gould's Year Book of Medicine, 1902; DaCosta's Medical Diagnosis; Loomis' Physical Diagnosis; Hare's Practical Diagnosis; Butler's Medical Diagnosis; Foster's Physiology; Gray's Anatomy; Joseph Jones on Yellow Fever; Touatre on Yellow Fever; Osler's Practice of Medicine.

## THE ACTION AND USES OF THE ICE BAG.

BY AMEDÉE GRANGER, M. D., NEW ORLEANS.

Among the therapeutic agents other than drugs, cold in the form of the ice bag stands at the top of the list, not only because of its numerous uses and the happy results obtained, but it can be easily procured, is so simple to apply, agreeable to the patient and the cost is small.

There are probably few practitioners who have not used this agent and who have not been gratified with the results they have obtained.

The range of its usefulness has been broadened by the publication of articles setting forth its indications and application in various deserved conditions.

In an elaborate article on Cold, in the Reference Hand Book of Medical Sciences, 1900 edition, Dr. Thomas J. Mays views the subject thoroughly. The object of this paper is to add new testimony to the data already collected and mention specially three conditions, viz: 1. Nausea and vomiting following anesthesia. 2. Post operative treatment of laparotomy. 3. After certain cases of labor, in which I have employed the ice bags with very good results and of which I have seen no mention.

Experiments made with the ice bag demonstrate that it has the property of diminishing the volume of bodily organs, reducing temperature very actively, and showing sufficient penetrating power to influence deep seated organs.

The application of ice bag to the human body is the most concentrated form in which cold may be employed. Its physiologic action has been investigated by various observers. Thus Mosler (*Virchow's Archiv.*, 1873, Band. LVII, 1) found that by applying an ice bag over the spleen of a dog its length was diminished from 17 to 14 *c. m.*, and its breadth from 5 to 4.6 *c. m.* in the course of one hour. Dr. Schlikoff (*Deutsches Archiv. f. Klin. Med.*, Bd., XVIII, p. 577) made a series of observations on man in the course of which the thermometer was introduced into various cavities of the human body, and ice bags were applied to the exterior. For example: 1. A thermometer being placed between the gums and the cheek, and an ice bag applied to the outside, the temperature fell 5.1° C. in one hour. After removing the ice bag, the temperature returned to the normal in half an hour's time. 2. When the thermometer was



held in the hollow of the hand, and an ice bag applied to its dorsum, in seventy minutes the temperature fell  $5.8^{\circ}\text{C}.$ ; and one hour after the removal of the ice bag the temperature had not attained the original elevation. 3. In an empyemic patient the thermometer was introduced into the pleural cavity firmly against the inner wall, and the ice bag was placed immediately over it; in an hour the temperature fell  $3.7^{\circ}\text{C}.$  The original temperature was regained in fifty minutes after the thermometer was removed. The thickness of the thoracic wall was  $3.2\text{ c. m.}$ , which gives the distance between the bulb of the thermometer and the ice bag. 4. Introduction of a thermometer into the intestine through an intestinal fistula, and the application of an ice bag over the abdomen, reduced the temperature  $3.3^{\circ}\text{C}.$  in the course of half an hour, the distance between the thermometer bulb and the ice bag having been about  $4\text{ c. m.}$  5. When the thermometer was placed in the vagina, and the ice bag over the pubic arch, the distance between the two being  $7\text{ c. m.}$ , the temperature fell nearly  $1^{\circ}\text{C}.$  in a little less than an hour and a half. Introducing a thermometer into a fistulous passage leading to a carious tibia, the soft parts being inflamed, thickened and edematous, and placing an ice bag over the same reduced the temperature  $0.5^{\circ}\text{C}.$  in eighty minutes. The distance between the thermometer and the ice was about  $4\text{ c. m.}$

I have made the following experiments with the ice bag:

1. Application of the ice bag over the dressings in a case of hysterectomy in which the oozing from the raw surfaces in the pelvis made it necessary to leave an abdominal glass drainage tube. Thirty minutes after the operation nine drams of dark red fluid was obtained by exhausting through the drainage tube; four hours after the application of the ice bag only one dram of light red fluid was obtained. Two hours later the ice bags were removed and when tube was exhausted three hours after the removal of the bags seven drams of fluid nearly as dark as the first was obtained. The bags were reapplied at once and the quantity of fluid began to diminish and become lighter in color, and twelve hours after the reapplication of the bags only one dram of serum tinged slightly red was exhausted, and that much had collected during three hours. 2. The ice bags were applied over the drainage tube and dressings in a case from whom a large



extrauterine gestation sac had been removed. During the first six hours following their application the amount of fluid exhausted through abdominal glass drain decreased rapidly, but little or no change took place in its physical characteristics. As the amount diminished the tube was exhausted at longer intervals. During the following eighteen hours the quantity diminished much more gradually, but the fluid became thinner and of a lighter color, and at the end of twenty-four hours about one dram of serum tinged slightly pink was exhausted every two or three hours. I believe that this was caused by the mechanical irritation of the abdominal glass drain. 3. The ice bags were applied over the pelvic arch and lower part of the abdomen of a patient whose uterus after delivery was large, flabby and filling with clots. They caused contraction of the uterus, maintained the contraction and the clots were gradually expelled; the patient did not complain of after pains. These experiments demonstrate that cold in the form of the ice bag has the property of diminishing the volume of bodily organs, reducing temperature very actively, and showing sufficient penetrating power to influence deep seated organs; causing depletion and anemia of said organs and contraction of their muscular walls, therefore, acting as hemostatic and antiphlogistic.

**THERAPEUTIC APPLICATION.**—We will now consider the various diseases in which the ice bag has given good results.

*Cerebral Congestion and Cerebral Spinal Meningitis.*—The application of a number of ice bags to the head and neck is a most useful therapeutic measure, reducing the temperature, alleviating the pain, lessening the inflammatory process and the delirium.

*Typhoid Fever.*—In this disease we find the most generally known and adopted therapeutic application of cold in some form. If from the beginning of the illness we keep ice bags constantly to the head and abdomen, the number of ice bags depending upon the degree of the fever, we will very often require no other therapeutic measures for the reduction of the temperature. The temperature will be lowered from 1.3 deg. F. and kept lower, the cerebral congestion relieved is evidenced by the lessened or absent headache and clearer intellect. The ice bags also have a marked influence on the inflammatory processes in the intestines, showing a tendency to check the process and hasten resolution. This is proven by the reduction in temperature, im-

provement in general condition, diminution or absence of abdominal pain and prevention of such complications as hemorrhage and tympanitis. When these troublesome complications already exist, the ice bags, on account of their hemostatic action and the fact that they can induce and maintain contraction of muscular organs, become our safest and surest therapeutic agents.

*Acute Pneumonia.*—I quote from Dr. Thomas J. Mays' article, to whose efforts and writings, the more general use of this method treating pneumonia is due. "The principal indications in the treatment of acute pneumonia are, (1) reduction of blood in the lungs, (2) reduction of fever, and (3) support of the function of the heart." From his own experience he believes that all these indications are fully met by the application of ice to the chest immediately over the seat of inflammation in both croupous and acute catarrhal pneumonia, and that this agent checks the extension of the inflammatory process, constricts the pulmonary capillaries, promotes resolution, dispenses the products of exudation, reduces fever, strengthens the pulse, alleviates difficult breathing, abates pain in the chest and gives general comfort to the patient. The number of ice bags which are to be applied in any case depends on the degree of fever which is present and the size of the area inflamed. If the fever is not very high and the inflamed area small one or two bags will answer. If the fever is high and the involved area large, as many as eight or ten may be applied, it being always borne in mind that the head should monopolize one or two constantly. The length of time during which they are kept on depends somewhat on the range of fever. If the temperature falls near the normal, it is good policy to remove some, but not all of the ice bags, unless the crisis is at hand. If they should be removed too early and before the crisis period, the temperature will rise again, and as a rule it is brought down with greater difficulty the second than the first time.

*Nausea and Vomiting After Anesthesia.*—This frequent complication after major operations becomes especially troublesome after celiotomies, when the constant retching could cause the loosening of important ligatures or the separation of the united abdominal incision. In a small number of cases these symptoms reach alarming proportions. For their relief no agent has given

me as prompt and satisfactory results as the application of ice bags to the back of the head and neck over the centers in medulla. In one case in which one drachm doses of warm water, small doses of calomel, frequently repeated and an anti-emetic mixture containing bicarbonate of soda, oxalate of cerium, cocain muriate and peppermint water all failed to have any beneficial effect, permanent relief followed two hours after the application of the bags. I believe that they act in such cases by toning up the depressed nerve centers in the medulla and relieving venous congestion.

*Post Operative Treatment of Celiotomy.*—The ice bag should be applied over the abdominal dressing after all abdominal operations, as a routine treatment as soon as the patient recovers from the shock of the operation and anesthesia. Especially so after long and tedious operations, requiring considerable manipulations of the abdominal contents, and after gynecological operations when the adhesions were numerous and large raw surfaces are left in the pelvis or in those cases of suppuration of the adnexa when notwithstanding all the care exercised pus has oozed into the peritoneal cavity. Having studied the action of the ice bag we may expect it to act as a prophylactic in such cases, preventing undue inflammatory reaction or extension of inflammation; to check oozing from raw surfaces and to favor absorption of exudates. The patient is made more comfortable, there is a minimum of pain and fever, and convalescence is materially assisted. My experience is limited to seventeen cases, and the results obtained were most gratifying and warrant further investigation of the subject. In one case in which the ice bags were not employed from the start after forty-eight hours the temperature rose to 102 deg. F., the pulse was of high tension and beat 120 times to the minute, the abdomen was tender and rigid, the facial expression pinched and anxious, and the patient complained of pain. The ice bags were applied to the abdomen at once, one drachm doses of magnesia sulphate every hour until four doses were taken were given, the untoward symptoms soon disappeared and the patient made an uninterrupted recovery.

*Appendicitis.*—Dr. Tiffany sums up the medicinal treatment of appendicitis as follows: Absolute rest in the recumbent position, abstinence from food, dry cold (ice bags) over the right iliac



fossa, and free purgation with saline cathartics. The ice bags are superior to the hot applications, they are less troublesome, less disagreeable to the patient, and reduce the temperature.

*Perforating Gun Shot Wounds of the Abdomen.*—I saw two cases of perforating gun shot wounds of the abdomen which were brought to the city for operation, one twelve and the other eighteen hours after the accident. Both cases had fever and the symptoms of peritonitis and shock were already well marked. In one of these cases intestinal contents and blood oozed from the wounds. Operation was not deemed advisable on account of the bad condition of the patients and the age of the wounds. The treatment consisted in rest in the recumbent position, the application of ice bags constantly over the abdomen, abstinence from food, and free hypodermatic stimulation. The bowels were not moved until after the sixth day; at first only predigested liquid foods were given with alcoholic stimulants. The patients were kept on liquid diet for fourteen days, then soft diet was begun, but not until after three weeks was any solid food allowed. Both patients were discharged cured.

*Inflammations of Female Pelvic Organs.*—In acute inflammations of the uterus and its adnexa the application of ice bags on the abdomen combined with free saline catharsis and hot vaginal douches furnish our best and most successful medicinal treatment. The temperature is promptly reduced, and the restlessness and pain are subdued. The effect on the local condition is marked, the inflammation is checked, the involvement of neighboring organs is prevented, resolution is hastened, and the absorption of exudates is favored.

*After Difficult Labor.*—We employ the ice bags in cases of post-partum hemorrhage to promote and maintain uterine contraction after giving other agents whose action is more prompt and decided. In all cases when the uterus is exhausted, or when the hand or instruments have been introduced to the uterine cavity—also when there is any hemorrhage from a lacerated cervix; to produce uterine contraction, alleviate suffering, prevent septic or traumatic endometritis, mitigate febrile reaction, check hemorrhage.

*Acute Pericarditis.*—The ice bags should be applied directly over the heart, they reduce the fever, relieve the pain, quiet the



action of the heart, would tend to abort the inflammatory process and favor the absorption of exudates.

*Acute Pleurisy.*—The ice bag has given us more gratifying results in this disease than any other external application, it promptly relieves the pain, and when combined with suitable internal medication will soon arrest the disease. Especially is it valuable in pleurisy of the left side, as it will allay cardiac irritability and prevent extension of the inflammation to the pericardium.

*Acute Orchitis.*—Surrounding the inflamed testicle with an ice bag will allay the pain and reduce the swelling.

*Acute Tonsillitis.*—The application of ice bags around the neck quiets the patient, makes him more comfortable, relieves the pain, reduces the temperature and prevents the involvement of the cervical glands.

*Acute Articular Rheumatism.*—Prof. Esmarch, of Kiel, has called the attention of the profession to the good results obtained by him from the topical application of ice bags to the involved joints in this affection. He states that the pain was less severe and the attack shorter than when other topical treatment was employed. Dr. Wilson Fox reports two cases of rheumatic fever in adults, one with a temperature of 110 deg. F., and the other with a temperature of 107 deg. F., which were treated by the applications of ice bags to the chest, abdomen, head and involved joints. Both patients recovered promptly.

*Hemoptysis.*—In hemoptysis from any cause we will find the application of ice bags over the affected area, very valuable, allaying the cough and nervousness, relieving the pain, and checking the bleeding unless a large pulmonary branch is injured. It is also important to find out the cause of the hemorrhage in order that the proper internal indication may be given at the same time.

*Gunshot Wounds of the Thorax.*—The principal indications for treatment in such cases are, to check the hemorrhage and cough, allay the suffering and nervous irritability and prevent such complications as pneumonia and pleurisy. All of which are fulfilled by the early apt employment of ice bags on the injured side.

*Sun Stroke.*—After the high temperature has been reduced to 2 degrees or 3 degrees F. above the normal by more active and

general application of cold, the ice bags should be employed about the head and neck to insure against meningeal irritation and a recurrence of the high temperature.

*Hemorrhoids.*—When ice in a bag or wrapped in a towel is applied in the early stage of this affection it will give prompt relief. When the disorder is of several days standing, moist heat is probably preferable; although it is a good plan to test the influence of cold first.

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## Clinical Report.

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### MALARIAL HEMATURIC FEVER.

By J. P. FRANCEZ, M. D., CARENCRO, LA.

Miss Ida P., age 20, born in southwestern Louisiana, has, since the last seven years, frequently experienced attacks of intermittent fever. Sedentary in habits, hysteric, and despite the anti-malarial treatment which she followed for months, she could not free herself from the paludal infection.

On May the 15th, 1902, by extraordinary effort she took supper at one of the neighbors; ate with good appetite and retired to bed at about 10 P. M., feeling well. At 2 A. M. she was taken with a violent chill, vomiting soon following, and urinating some time later a "urine very black," as told by a member of the family. By daylight she had an evacuation of the bowel and of the same color as the urine. Restless, complains of pains all over the body, but especially at the pit of the stomach.

I saw her at 6 A. M. in the above described condition. The sclerotics and body were already jaundiced, tongue black from the vomited matters; dorsal decubitus; legs thrown far apart; complains of great prostration; roots of the hair yellowish, giving the sensation of a rough and dry feeling to the finger; eyes opened without much expression; lips pale; cephalalgia; liver and spleen painful and hypertrophied; stomach very susceptible; thirst moderate; vomits every ten minutes since taken sick, and to all appearances bilious and bloody.

R Morphin sulphate tablet No. 1 of ..... gr.  $\frac{1}{8}$   
 Aquæ ..... ʒiij

Sig.: One teaspoonful ten minutes after taking the following powders:

R Ipecac ..... grs. xxiv  
 Antimon et potass. tart ..... gr. j

M. et ft. chart No. 3.

Sig.: One in tepid water every twenty-five minutes.

The medicine was kept and acted abundantly.

Second visit at 10 A. M. There seems to be some improvement in both the urine and vomited matter which do not look as dark and thick. Patient has kept two doses of the muriate of quinin of six grains each. No evacuation from the bowels.

Third visit at 3 P. M. Does not vomit as often and there is less bilious material in the urine. Following this each micturition showed considerable improvement. Retained twelve more grains of the muriate of quinin. Frozen lemonade or iced water ad libitum; warm poultices over the hepatic region.

R Quinin bisulphat ..... grs. xii

Sig.: Take every three hours; the morphin solution being given ten minutes previously.

R Calomel and soda tablets of one grain each; take two every twenty minutes till eight have been ingested.

Continued warm poultices and applied a sinapism over the pit of the stomach. Fever, 105 deg. F.; pulse, 130; icterus more pronounced, tongue lightly coated and moist. Rests better.

Fourth visit, 7 P. M. Urine brownish, nausea troublesome; fever, 104 deg. Continued the bisulph. quinin, and with each dose strychnia, gr.  $\frac{1}{60}$ , and digitalin, gr.  $\frac{1}{65}$ . Kept up the poultices and lemonades.

May 15, morning visit at 5 A. M. Patient very much prostrated; icterus general and well developed; fever, 104 deg.; vomited several times during the night, brownish in color, so is the urine this morning; had three evacuations of the bowels, "not very black and bloody," as stated by parents.

Second visit at 10 A. M. Fever, 102 deg.; vomits green; urine red brick color, having a brownish tint; still restless; throws her legs and arms at random. Continued the bisulph. quinin, strychnin, etc.

Third visit at 3 P. M. No material improvement; repeat the calomel and soda tablets. Continued the quinin.



Fourth visit, 7 P. M. Fever, 102 deg.; great prostration, jaundice fading; urine of a lighter red; only nausea.

As the patient had an aversion to the counting of the pulse, I discontinued noting its rate. Nausea being still very troublesome, a 2x2 empl. cantharidis was ordered applied over the stomach.

May 17.—General improvement. Fever, 100½ deg.; continued same treatment.

May 18.—Patient is still better. Fever, 100 deg.; secretions good; some appetite.

May 19.—Fever, 99 deg.; appetite acute. She wants meat and rice which were refused.

May 20.—Case discharged.

Notwithstanding the fact that some of our eminent contemporaries have gone into lengthy discussions regarding the evil effects of quinine in hematuric fever and have advanced mythic theories to disprove its happy results, yet from a long experience with this malady I can state with every assurance of correctness that malaria is the cause of the hemorrhage and not the quinin. Similar hemorrhages did not escape Hippocrates, who mentions it in Section 2 of Constitution 2nd of the First Book on Epidemics; and with most of the noted writers from said Hippocratic epoch to A. D., 1820, the year that Caventon discovered quinin, mention is made of the hemorrhage in certain forms of fall fevers; and lastly because in the administration of “*larga manu*” as I usually prescribe quinin I note an improvement and not an increase of the hemorrhage. Lebeau well remarks that, despite large doses of quinin, some will resist treatment; in such cases I repeat the ipecac, successfully ending the malady.

I always begin the treatment in such cases of hematuria by ipecac and antimony et potass tartrat. First, because it is quicker in action than a purgative; second, because it is a cholagogue; stimulates the liver to exhaustion and by said exhaustion forces the organ to rest sometimes, thus checking bilious formation and eliminating it (bile) from the circulation and thus preventing the destruction or disappearance of the red blood corpuscles; we well know that bile is an enemy to the red blood cells. The action of ipecac is manifest. You can



witness the improvement after each micturition, vomiting, or evacuation of the bowel; those secretions clear rapidly.

If a monument was to be erected in memory of the unquestionable efficacy of quinin in the treatment of malarial hematuric fever, I would pray to inscribe by its side, ipecac and calomel as its most potent enemies.

Calomel is secondary, but *a propos*, acting not only as a purgative but also as a germicide; it should not be abused for fear of salivation and other troubles. The merits of Epsom salts are equal to those of calomel.

I have treated fifty-eight cases as the above and endeavored to divide equally my patients, that is, submit some to the calomel and others to the salt treatment, after the ipecac.

My patients were: fifty-four white males, and natives of Louisiana; two white females, one recovering, the subject of this paper; two negroes, one recovered without sequel, the other became insane. Among the white males, one was a hard drinker and epileptic.

Dietary: Broth, bouillon, Ducro's elixir alimentaire, iced water and lemonades, whisky, light white wines, and for convalescence, Vin de Quinium (Labarraque).

# N. O. Medical and Surgical Journal.

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## Editorial Department.

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CHAS. CHASSAIGNAC, M. D.

ISADORE DYER, M. D.

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### THE SHREVEPORT MEETING.

The 23d Annual Meeting of the Louisiana State Medical Society, held at Shreveport, June 3, 4, 5, was an unqualified success.

To the local profession, the committee of arrangements, and their citizen friends this achievement was due. The sessions were well attended, and from a scientific standpoint were most interesting.

This meeting has demonstrated the undoubted value of occasionally removing the place of meeting from the regular domicile of the society, which, ten years ago, was fixed in New Orleans.

We have reached that point in the medical profession where organization is essential to the life of the profession itself in its highest ideals. In Louisiana we have been some years in getting the State Medical Society even in the spirit of concerted action, but the Shreveport meeting has successfully leavened a larger element of the profession in the State than hitherto. The accession of over one hundred members is strong evidence of this.

There are still a number to be heard from. Among fifteen hundred members of the regular profession we have now over four hundred active in the society, but this number should be increased until it embraces all of the total, qualified by moral and legal right to join.

The JOURNAL congratulates the Louisiana State Medical Society, and especially the Shreveport contingent, upon its eventful meeting.

### THE AMERICAN MEDICAL ASSOCIATION.

Through the evident effort of the New Orleans Progressive Union, the railroads and the Mayor's offices, the 1903 meeting of the American Medical Association is to take place in New Orleans.

It has been some years since this body has come into the Southern country and the accretion of membership has consequently been smaller from this section than from the Middle and Northern States.

Any gathering of men brought together for some purpose is bound to create a spirit of higher ambition in the people among whom they pass the days of meeting, and such a body of men as the A. M. A. must leave behind a spirit of higher ideals in the local medical profession.

Organization is the watch word of the A. M. A. and the effort has been made to impress that spirit on all sections.

Since the city of New Orleans has officially invited the American Medical Association, we feel sure that the meeting must be successful under the auspices of our hospitable citizenship.

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### THE LOUISIANA LEGISLATURE AND THE LEPROSY PROBLEM.

There is very little doubt that in time the United States Marine Hospital Service will prevail on the National Government to provide one or more Leper Asylums to meet the growing need for these. Just now it looks as if Louisiana should be the chief beneficiary, having from all accounts more than half of the known lepers in the United States. This probability of future and apparently deferred action of the United States Congress has evidently cast a strong reflection upon the Louisiana State Assembly, through which they have been able to see no need of providing for present conditions in proportion to the acknowledged necessities.

Too poor already to maintain the proper kind of an institution without accommodation for present inmates, the Leper Home petitions for consideration and are dismissed with a pittance. We are willing to prophesy that before 1902 has passed the present number of lepers at the Home will be doubled. Before

the Legislature meets again, there may be three times as many inmates. The law has no discretion in the matter of committing a leper properly charged and proven. But with maintenance for 30 or 35 lepers, what can the Home do with 100. In New Orleans, the local Board of Health is doing all it can to locate and to send to the Home any and all lepers they become cognizant of. Within two years the present Lepers' Home will be taxed to an extent far beyond its financial or physical powers. We have seen a leper colony on short rations, in New Orleans, under the old 1890-94 regime. That must not be repeated at the present Leper Home; it would then appear more in the attitude of a crime than a charity.

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## Abstracts, Extracts and Miscellany.

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### Department of General Surgery.

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In charge of DR. F. W. PARHAM, assisted by DR. F. LARUE, New Orleans.

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ALCOHOL AS A MEANS OF DISINFECTING THE HANDS.—Schaeffer (Berlin), according to an article in *Berl. Klin. Wochenschrift*, abstracted in *Centr. f. Chir.* of May 24, publishes the results of his experiments with alcohol as a hand disinfectant. He realizes what is now so generally recognized, indeed, demonstrated as a fact, that by no known means can an absolutely germ free condition of the hands be brought about. There comes out of this consideration the great danger that painstaking attempts to disinfect the hands may possibly be regarded as entirely superfluous. It certainly is desirable that the simplest effective means of disinfection should be found. Schaeffer recognizes in alcohol, properly used, a possibility of doing all that can be done in the way of disinfection. He does not ascribe its power to its bactericidal effect, nor to its shrinking and hardening effects, but to its property of loosening the fat and epithelium of the skin. Concentrated alcohol is more powerful than diluted and is therefore to be preferred for this purpose.



The results of Schaeffer's experiments may be stated as follows:

1. The hot-water-alcohol method gives by far the best results.
2. The soap-spirit method of Mikulicz stands next in value.
3. The antiseptics are without exception unable to bring about a satisfactory disinfection of the skin.
4. Lysoform and chinolol are the best of the antiseptics for the purpose.
5. Washing with Schleich's marble dust soap gives no better results than the hot water and soap method.

Schaeffer's method in detail is thus described:

Five minutes' washing in overheated water with clean brush and green soap, with the use of the nail cleaner and energetic rubbing of the hands with a sterile cloth; 3 to 5 minutes' brushing in alcohol; washing off the hands with a solution undoubtedly sterile, such as a one per thousand solution of corrosive sublimate.

Comment: This differs only in detail from the Fürbringer method so long in use by many surgeons in this city and elsewhere, except that it lays no stress upon the antiseptic, this being used only as an additional assurance of *sterility* of the solution. We believe that this method conscientiously carried out and followed by the use of gloves will prove as satisfactory as any yet recommended; but the use of gloves must not be made an excuse for careless washing of the hands, since it very frequently happens that a glove is unavoidably punctured or torn in the course of an operation.

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## Department of Obstetrics and Gynecology.

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In charge of DR. P. MICHINARD, assisted by DR. C. J. MILLER  
New Orleans.

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VAPORIZATION OF THE UTERUS.—Vaporization of the uterus has never come into general use, possibly for several reasons. Since its revival by Snequireff, of Moscow, and its popularization by Ludwig Pincus, varying reports of its efficacy, indications and dangers have from time to time appeared.

Dr. G. F. Blacker (*The Journal of Obstetrics and Gynecology of the British Empire*) gives an exhaustive review of the subject, explaining in detail the apparatus, the technic and results. The operation can be performed without an anesthetic. There is no pain, which is one of the advantages of the method. Anesthetics are preferable in the majority of cases, however, allowing the operation to be more efficiently performed and a careful examination of the pelvis made. The operation should not be performed, as some do, upon outdoor patients. Confinement to bed for some days after the treatment is essential. Curettage may or may not be required. In long standing hypertrophic endometritis it should precede vaporization. The time of vaporization varies from ten seconds to three minutes, according to result desired. Pincus prefers high temperature (115 C. to 116 C.), acting as short a time as possible—about fifteen seconds. After the operation a small gauze pack is placed in the cavity and left three to four days. No special after treatment is necessary. The sloughs begin to separate at the end of week, then vaginal douches are necessary. A thinish blood discharge sets in on the second day and continues some nine or ten days. The patient should be kept in bed a week to ten days. If signs of pelvic inflammation appear complete rest is enjoined. The author dwells at length upon the apparatus, the degree of heat to be used and the actual results produced upon the tissues, points very valuable, but too extensive for limited review.

The chief dangers and complications are, inflammation of the pelvic peritoneum, cellular tissue, the ovary or tube.

2. Stenosis and atresia of the cervix.
3. Complete necrosis of the mucous membrane of the uterus and obliteration of the cavity.
4. Excessive atrophy of uterus.
5. Perforation of the uterine wall.

To reduce the danger of inflammation the rule must be adhered to that the presence of any signs of old or recent pelvic inflammation are an absolute bar to vaporization.

Indeed, this forms its main complication. In 145 cases recorded, 5.5 per cent. had inflammation to follow. Pincus has collected 833 cases of vaporization; 749 of whom were cured

or benefited, three died, a mortality of .37 per cent. (about the same as the mortality attending curettage).

The indications for vaporization as laid down by different operators, are:

1. The main varieties of endometritis, including glandular, interstitial, gonorrheal, senile and endometritis with dysmenorrhea.

2. Secondary postpartum hemorrhage and subinvolution of the uterus.

3. Hemorrhage from the uterus in cases of interstitial fibroids.

4. Preclimacteric and climacteric hemorrhages.

5. Hemorrhage from the uterus in cases of hemophilia.

6. Cases of puerperal sepsis in which infection is still confined to the uterus.

7. Cases of putrid abortion with septic intoxication.

8. In all cases as an alternative measure for total extirpation if under consideration for severe hemorrhage or discharge.

9. In cases of erosion or chronic cervical inflammation and as a palliative measure in cases of carcinoma.

10. To obliterate the uterine cavity after supra vaginal amputation of the cervix.

11. To render sterile the interior of the uterus before performing hysterectomy.

12. To destroy the mucous membrane of the body of the uterus to avoid the possibility of carcinoma developing in it.

13. To produce artificial sterility by the destruction of the functions of the endometrium or by obliteration of the uterine cavity.

In cases where the mucous membrane is definitely thickened curettage is probably the best treatment. The curette answers best, says Flatau, in glandular hypertrophic endometritis and galvanocautery best in interstitial form.

The author relates the results in eight cases of his own treated with this method and goes into the details of many cases reported by others; noting the efficacy and paying special attention to the accidents.

## Department of General Medicine.

In charge of DR. E. M. DUPAQUIER, New Orleans.

CARDIAC HYPERTROPHY AND DILATATION.—Allbutt (T. C.), Yeo (J. B.), Caton (R.), Foxwell (A.), Collier (W.), Smith (Eustace) and Sanson (A. E.), are responsible for articles dealing with hypertrophy and dilatation of the heart and their treatment. Whilst not revealing much that is new, these papers are interesting contributions to the literature of the subject dealt with. Some of the most useful passages concern the effect on the heart of severe muscular exercise and the prognosis of the future health of men who have suffered during their athletic career from temporary cardiac dilatation, or who have by prolonged exertions brought about more or less permanent cardiac hypertrophy. A temporary dilatation of the right ventricle is a common sequence of vigorous exercise, but this soon passes off in a healthy heart, especially if the person trains properly. But syphilis, tobacco, tea, alcohol, and improper or insufficient diet all play an important part in predisposing the heart to receive irremediable strain.—*The Practitioner*, 1902, Vol. LXVIII, p. 11.

Allbutt considers that the house runs, or paper chases, which are so freely indulged in at the public schools, as a result of the worship of the athletics fetich, whilst not harmful to fully developed, healthy boys, ought to be forbidden to the younger ones. He also considers the interesting case of the Japanese "rickshaw" coolie, who will run 80-100 miles a day, dragging a rickshaw and an adult passenger; and after keeping such work up for years suffer no evil cardiac result. These men live most abstemious and simple lives. When a man bathes his cardiac muscle in beer all day long the conditions are entirely altered, and his heart soon fails.

Collier confirms Allbutt's opinion as to the harmfulness of immoderate exercise. In his experience "as far as under graduates are concerned, the most common form of heart strain, as the result of athletic competitions, is dilatation of the right side of the heart, more particularly the right ventricle, the chief



symptoms being more than usual shortness of breath on exertion, some palpitation, and occasionally irregularity of the pulse.

The chief physical signs are epigastric pulsation and increased area of dulness to the right of the sternum, and often a bruit along the left border of the sternum, systolic in time. Though the prognosis in these cases is good if the heart be relieved of severe efforts, it is probable that it never quite recovers its original strength. Cases of marked dilatation of the left side of the heart are rare. The strain of athletic competition produces well-marked hypertrophy of the left ventricle without much dilatation, and the danger lies in the future. If he repeats his exertions too often or continues them over too long a period, he runs the risk of gradually inducing a dilatation of the aorta, which in time results in a greater or less incompetence of the aortic valves. The best advice to an athlete is to let his career be a short one and not to extend it, so far as the great struggles are concerned, to more than one or two years after leaving the university [five or six years in all].

Foxwell discusses the enlargements of the heart due to lesions of the pericardium, and points out the great value of the support which the uninjured pericardium affords the heart by tending to prevent dilation. If its strength be broken down by the effusion of a large amount (over 15 oz. about) of fluid into its cavity, the heart is acting under worse conditions than if some pericardial adhesions had formed. He says that it is improbable that pericarditis ever causes death through adhesions alone, and he has never seen a patient die from its after effects where there was not grave myocarditis as well. Cardiac enlargements secondary to myocardial disease are of very bad prognosis.

The treatment of cardiac enlargement is also considered, and there is a general agreement that the Schott resisted movements are not as successful as they were originally believed to be. The saline bath treatment has a decided beneficial effect wherever given, but a visit to Nauheim has also a good mental effect in many cases. Artel's treatment in proper cases is decidedly beneficial.

For restoring the compensation in cases of cardiac affections in which it has been lost, no treatment is so good as rest in bed.  
—BROCKBANK—*The Medical Chronicle*, February, 1902.

## Department of Therapeutics.

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In charge of DR. J. A. STORCK, New Orleans.

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EXTRACTS FROM ARTICLES ON DYSENTERY from *The Therapeutic Gazette*, April 15, 1902:

Dr. Osler writes on "Amebic Dysentery." He says: "By far the most important and serious feature of the type of colitis with which the amebæ are associated is the liability to abscess of the liver. Of the ninety-three cases referred to, twenty-three had abscess of the liver. This large percentage is due to the fact that only the more severe cases came to hospital. In Strong's seventy-nine post-mortems on cases of amebic dysentery there were fourteen instances of liver abscess."

Dr. Simon Flexner, writing on "Bacillary Dysentery," says: "There is good reason for believing at the present time that, excluding the catarrhal variety, all dysenteries are caused by two micro-organisms—*ameba coli* and *bacillus dysenteriae*."

"The conclusions which can be drawn from the data which I have had the privilege of bringing before you may be summarized as follows:

1. The acute dysentery of Japan, Phillipine and West Indian Islands, of Germany, and the United States are due to bacilli indistinguishable from each other.

2. Certain cases of chronic dysentery owe their beginning to the same organism.

3. The sporadic and institutional outbreaks of acute dysentery are caused by *bacillus dysenteriae*, and this organism is identical with that causing epidemic acute dysentery.

4. The acute bacillary dysenteries are attended by diphtheritis and ulceration of the intestine.

5. When diphtheritis complicates amebic dysentery a mixed or terminal infection with the *bacillus* of dysentery is to be suspected."

The following is taken from Dr. L. Napoleon Boston's article on "Tropical Dysentery with Abscess of Liver," etc.:

“ Herewith is cited from the literature credited to the following named authors, 2430 autopsies on persons dead of amebic dysentery, and in 486, or 20 per cent., of whom abscess of the liver was found :

	Total number of autopsies.	Number showing hepatic abscess.
Ballinger .....	35	4
Annesley .....	51	26
W. Warring .....	259	69
Chickerbutty .....	39	3
Catteloup .....	240	47
Mouret .....	761	133
Eyre .....	118	27
Ranking .....	140	41
Moore .....	494	90
MacPherson .....	203	46
	2340	486

Colonel Alfred A. Woodhull on “ The Value of Ipecac in Dysentery ” says: “ The one remedy which, properly used, is as conspicuous in dysentery as quinin is in the malarial fevers is ipecacuanha. I assert this without fear of intelligent contradiction, notwithstanding the text-books generally damn it with faint praise, and say in effect, and sometimes in the actual phrase, that ‘ it appears to be of more value in cases in the tropics than in those of temperate climates.’ In other words, if it is good for anything it is good somewhere else than where we are likely to see it. May not that also mean that those who use it habitually are more familiar with its efficiency?”

In his treatment on the subject of “ Tropical Dysentery,” Dr. T. S. Dabney says: “ No physician, practicing in the tropics, should lose sight of the fact that malaria and worms may be a possible factor to be reckoned within any stubborn case of dysentery.”

“ When the disease assumes a subacute or chronic form valuable assistance is often rendered by the judicious use of the silver nitrate.”

“ Dysentery in New Orleans: Its Treatment,” is from the pen of Dr. E. M. Dupaquier. In part, he says: “ The saline treatment of dysentery, concerning which so much was said and written and justly so in recent literature, as a specific in the acute forms of the malady, has been actually employed in New Orleans, with its usual good results.

“ An eminent local practitioner, J. A. Lambert (Paris), now deceased, told me in 1885 that he had learned in New Orleans



from old local practitioners how effectively to use 'le sel admirable de Glauber'—i. e., sodium sulphate, in the acute forms of dysentery. As a matter of fact and of record, this old method of treating acute dysentery, transmitted viva voce from generation to generation among French local practitioners, appears in print in Dutrouleau's *Traité des Maladies des Européens Dans les Pays Chauds*, 1861-1868."

The concluding paper is by Dr. H. A. Hare on "The Treatment of Dysentery." He closes with the following paragraphs: "A method of treatment which promises much, but which has only recently been tried in that form of dysentery which depends upon Shiga's bacilli, is that which has been written about in such an interesting manner by the late Dr. Eskridge, of the United States Marine Hospital service, who has recorded the very excellent results which have followed the employment of antibacterial serum in the treatment of dysentery in Japan, where the disease is not only endemic, but epidemic, and where the results which have accrued are surprisingly good. This serum is not in the nature of an antitoxic serum, but an antibacterial serum—that is to say, it does not antagonize toxins made by Shiga's bacillus, but renders the body unsuitable for the growth of this micro-organism.

"The other form of treatment to which I have referred is that which is directed to combating amebic dysentery by means of injecting quinin, in the strength of 1 to 5000, sufficiently high in the rectum for it to exercise its fatal effect upon the ameba coli. This is a definite specific method of treatment resting upon as rational a basis as the employment of quinin in malaria, and it is to be hoped that with the discovery of the cause of asylum or epidemic dysentery an equally efficient remedy may be discovered which will affect Shiga's bacilli as actively as quinin affects the ameba coli."

SOMNOS is a definite synthetic product, formed by the synthesis of chloræthanal with polyatomic alcohol radical. From clinical results it is claimed that somnos should replace chloral hydrate and the usually employed hypnotics, not only for the reason that it is more uniformly active and free from toxic effect, but also because it is absolutely free from any depressing influence upon the heart, circulation or respiration. Somnos should also be found of value in extreme nervous cases, since it



has a decided sedative action. It should be administered from two to three hours before the soporific effect is desired, in doses of from dessertspoonful to tablespoonful, in milk or water. This medicine is from the J. & K. Mulford laboratory.

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## Department of the Ear, Nose and Throat.

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IN charge of DR. A. W. DEROALDES, M. D., and DR. GORDON KING, M. D., NEW ORLEANS.

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THE USE OF ICHTHARGAN IN NOSE AND THROAT DISEASES.—Beaman Douglass, of New York, is the advocate of a new remedy which he has found very beneficial in certain catarrhal affections of the nose and throat. This new drug is called *ichthargan*, and is composed of silver and ichthyol, soluble in water, glycerin and dilute alcohol; insoluble in absolute alcohol, ether and chloroform. It is a brown, amorphous powder, odorless and stable. It contains 30 per cent. of silver and 15 per cent. of sulphur, being thus one of the strongest silver compounds and combining the physiologic and therapeutic properties of both silver and ichthyol, and without the unpleasant odor of the latter. As a local application it is best used in 4 per cent. aqueous or glycerin solution, and when put in contact with a catarrhal mucous membrane it acts as a mild anesthetic, antiseptic, antiphlogistic, stimulant, alterant and a modifier of secretion. The drug is especially recommended as a topical application in acute rhinitis, hypertrophic and atrophic rhinitis, and in chronic catarrhal inflammations of the naso-pharynx and larynx. For the nose it may be applied in form of spray, douché or vaselin ointment. Douglass has had very encouraging results in a long series of cases, and gives the record of two cases of atrophic rhinitis which were practically cured with the drug. Further investigation of the merits of the new agent is advised.—*Laryngoscope*, May, 1902.

MEDICAL TREATMENT OF ADENOID VEGETATIONS.—According to Lapeyre, of Fontainebleu, there are certain cases of adenoid vegetations in children which cannot be subjected to surgical

treatment, and in most of these coming under his observation he has succeeded in relieving the condition by medical means alone. His method consists in the administration of iodine in full physiological doses, and finds that the officinal tincture serves the purpose best. Beginning with six drops three times a day and increasing one drop a day until fifty or sixty drops a day are being taken. When the symptoms of iodism appear the dose is gradually diminished in the same way.

The author claims that this treatment has the effect of rapidly causing the disappearance of the adenoid hyperplasia and of alleviating the symptoms dependant upon it, and especially improves any complicating ear disease.—*Journ. de Med. et de Chir. Pratiques*, Jan. 25, 1902.

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## Society Proceedings.

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### The Louisiana State Medical Society.

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TWENTY-THIRD ANNUAL MEETING AT SHREVEPORT, LA.,  
JUNE 3, 4 AND 5, 1902.

The Shreveport meeting of the Society must go down into history as the largest gathering yet of the medical fraternity of Louisiana, and as one full of scientific interest and congenial spirit.

The conception of the meeting in some other than the city of domicile of the society, New Orleans, aimed at creating interest among the members of the society and of the profession, remote from the metropolis. The results were more than hoped for. Many faces were seen in the convention hall and on the floor new to the old regulars, but all the more welcome because unleavened. The committee of arrangements, under the generalship of Dr. Oscar Dowling, deserves all kinds of praise above and beyond formal thanks of the society and gratitude of the old rank and file besides. The scheme of the meeting and

of the incidental functions was most excellently planned and splendidly executed.

The hotels were reasonable and considerate. The Shreveport papers vied with the metropolitan dailies in gathering and publishing complete reports, and they went into delicate phrasing of pretty compliments for the personnel of the society, especially for those members taking active part upon the floor.

The meeting was a success and should prove the keynote to future gatherings of the society. With a registration of nigh on to 200 members of the society and some fifty or more visitors, at Shreveport, in New Orleans the future meetings should be prolific of much promise.

The Caddo Club provided an excellent auditorium in that the hall was large, airy and open on all sides. Unfortunately, however, the hall was evidently arranged for Terpsichorean indulgence and the acoustics were not so good for those who sat in the rear of the audience. The first day of the meeting opened duly and at a reasonable hour, with the urbane president, Dr. T. E. Schumpert, of Shreveport, in the chair. An eloquent prayer was uttered by the Rev. W. T. Bolling, LL. D. of Shreveport, and a well delivered, brief address of welcome was made by Dr. G. C. Chandler, the president of the Shreveport Medical Society. We quote:

"It is with pleasure that we welcome you to our city. We are expecting a feast which will give us increased enthusiasm, mental vigor and knowledge. There is no one, however ignorant, from whom we can not learn something, so how much ought we to be benefited by this meeting of the trained minds of the medical lights in our State.

"It will be an epoch in the history of Shreveport and be classed with the other incidents worthy of recollection in our progress towards metropolitan life. The great fundamental principle of our profession is to advance the science of healing, not only to give our services to the sick but our knowledge to our brother physicians, so that the human race may be benefited to the greatest extent.

"This meeting in Shreveport has enabled many physicians to attend who would have been unable to do so were it at a greater distance and so they will receive benefits that would have been lost to them, therefore I feel that it is right and proper that the State Medical Society should meet at various points in the State.

"Personal intercourse not only broadens the mind, but causes



a feeling of good fellowship, a unity of motives and efforts that is bound to result in the improvement of the individual members and the advancement of the profession. Of the many organizations of this kind throughout the Union, few have contributed more noble exponents to the profession than the La. State Medical Society. Among those who have passed away, we can point with pride to Stone, Richardson, Miles, Bemiss the elder, Bemiss the younger, and many others. It is a pleasure to me to believe that the present association lost none of its former prestige, and to-day we number men in its ranks with national and even international reputation.

“The prospects for the future are very bright, as the older members pass away the younger talent gives indication of keeping in the front rank of progress.

“The association of the members of this society are especially close, the attractions of New Orleans have made it a Mecca for the people of the State, which results in the pleasing fact that on meeting most of us need no introduction, but it is, as it were, an assemblage of friends and acquaintances, which produces a feeling of good fellowship and confidence that does away with diffidence and restraint and is conducive of the widest scope of discussion.

“With such a condition the result is sure to be good, the members improved, the association harmonious and progressive and tangible results in the benefit to our people.

“It should be our object to strengthen such a condition by all means in our power, for united profession gives us dignity and power, which can be used for the good of mankind.

“Where is the authority that would dare to antagonize the united profession in any just cause that they saw to advocate? The man who is present at birth and during sickness, who is present at the end, is bound to be a man of weight in the country. As doctors as a rule are good men, their association with suffering and sorrow makes them so, if not so originally, the more perfect the organization, the more beneficial to mankind. In this day and time the government takes a hand in the advancement of any enterprise that adds to the prosperity of the people. If the profession does not wish to fall behind, it must get its fair share of government assistance, and there is no argument so convincing to a politician, that the health of the people is worthy of consideration than a united brotherhood of physicians.”

DR. OSCAR DOWLING, the genial master of ceremonies, then related the work of his committee of arrangements, in stating what had been provided both in and out of sessions. The clubs,



Columbia, Caddo, Athletic and the Elks were open to a button of the meeting which was the badge of the society, and this had only to be shown, not pressed. The ease of proclamation and address showed the doctor no mean disciple of Horace and Ward McAllister.

The Judiciary Committee reported favorably on 101 applications for membership and promised more before the meeting was over.



GROUP OF MEMBERS OF LOUISIANA STATE MEDICAL SOCIETY,  
AT SHREVEPORT MEETING.

DR. HERMANN B. GESSNER, the recording secretary, read an interesting report showing the status of the society and membership. There were 318 members now and 136 applications on file, of which a number had come too late to be acted on at the present

meeting. 107 of these, however, had been in the hands of the Judiciary Committee for the month before the meeting.

Some energy was urged among the rural districts concerning membership and a soliciting agent was suggested. The secretary announced the death of three members during the year:

Drs. F. Loeber, New Orleans; W. A. Bailey, Fordoche; and Dr. C. M. Smith, Franklin.

DR. ANDREW G. FRIEDRICHS followed with a report as corresponding secretary. This embodied the reports of the several vice presidents and absolutely sparkled with points of interest and concern to the society. The report exhaustively showed the numerical strength of the regular profession in the State; the small membership of the society in relation thereto, and some of the evils in the State, owing to irregular practice.

Of the 1557 physicians in the State: 1408 were regular, 16 homeopathic, 7 eclectic, 126 without diplomas. One "hoodoo" doctor and one "botanical doctor" were included. By parishes the physicians in the State were located as follows:

Caddo has 47, Bossier 7, Bienville 17, Catahoula 18, Caldwell 4, Grant 11, Lincoln 13, Morehouse 17, Natchitoches 23, Orleans 593, Ouachita 20, Rapides 34, Red River 9, Richland 13, Webster 16, Winn 23.

Of the fifty-nine parishes in the State forty-five have representatives in the society. The exceptions are: Caldwell, Cameron, Catahoula, Concordia, Franklin, Livingston, St. Bernard, Terrebonne, Union, West Carroll, Vernon, Washington, Webster and Winn.

Among other business during the morning of the first day were the presentation of communications from the American Medical Association, the Eye, Ear, Nose and Throat Hospital, the Kyger Resolutions (directed at advertisement of abortifacient remedies and the like).

The President appointed committees directed at covering the objects of the several communications:

For Eye, Ear, Nose and Throat Hospital request, Drs. Chas-saignac, Barrier and Dowling.

On Kyger Resolutions, Drs. Waldauer, Perkins, Owen, Mayer and McGehee.



DR. COGRAM, secretary, read a statement of the finances.

DR. ISADORE DYER, of Orleans, read a paper on *The Age of Consent*, which was not discussed.

DR. L. G. LEBEUF, of Orleans, read a paper on *The Tongue as a Diagnostic Factor in Disease* (see p. 9 this JOURNAL), which was not discussed.

#### AFTERNOON SESSION—FIRST DAY.

DR. W. H. DALRYMPLE, of Baton Rouge, read a most instructive paper on *The Value of Co-operation in the Control of our Periodic Epizootics of Anthrax*. The prevalence of the disease in the State of Louisiana for the past few years made the subject one for an interesting discussion which was shared by Drs. Martin, Sutherlin, Kohnke and Mayer. Points were brought out in re of the bacteriology of the disease, the methods of protecting the soil and pastures from infection, etc. (Paper is to appear in the JOURNAL).

The *Section on General Medicine* was then called and DR. W. G. OWEN, of White Castle, introduced his report as Chairman by announcing the absence of some of those members scheduled to participate in the discussion of the subject announced by him; nowise disconcerted, however, the Doctor had, on the spur of the occasion, succeeded in getting some of the members present to discuss the points in question.

A *Symposium of Tuberculosis* was then taken up under this section. In the absence of Dr. Patton, DR. KOHNKE, of New Orleans, discussed the *Statistics of Tuberculosis* in New Orleans, in its relation to other diseases; he reviewed the lessened death rate in the few years past; considered the occasions for these conditions and suggested general measures directed at the relief of such, urging the need of attack upon the evil of to-day.

DR. W. G. OWEN then read on the *Transmission of Tuberculosis*, in thorough review detailing the methods of spread and indications. (Paper to appear in the JOURNAL).

In the discussion which followed, DR. F. M. THORNHILL, of Bienville Parish, covered the field in a paper he had prepared on the *Education of People as a Factor in the Prevention of Tuberculosis*; Dr. P. E. Archinard's paper on *Medical Treatment of Tuberculosis as Afforded in Louisiana* was read by title at his request.

DR. E. L. MCGHEE discussed the outdoor treatment of tuberculosis and referred to necessitous restrictions upon the public so as to produce much needed education as to the evils of the disease.

In the absence of Dr. McVea of Baton Rouge, DR. I. M. CALLOWAY, of Shreveport, very interestingly covered the ground of the *Medical Treatment of Tuberculosis and its Results*. He reviewed the serum experimentation, pointed out failures and promises. He touched upon numerous methods of internal medication and did not fail to commend the open air treatment in selected cases.

St. Tammany Parish was here and there freely approved in the several discussions.

*Tuberculosis among our Negroes* was the subject of DR. J. M. BARRIER'S paper. The member from Delhi was, as usual, clear and explicit in the presentation of his subject.

Discussion by the general membership was postponed until the evening session.

When the evening session was called, the meeting was slow in gathering, for from 6 o'clock the intervention of the sweeter graces had dulled Esculapean appetite and had put the keen edge of enjoyment in the very souls of those who were fortunate enough to avail themselves of the courteous invitation of Mrs. N. C. Blanchard, who opened both her house and her heart to the medical guests of Shreveport. Sweet music and the soft cadences of feminine speech filled the air of this delightful home, and might have tempted even wiser men to forego the symposiums of less digestible pabulum, but, willy nilly, the Grand-Master of ceremonies gave the word and in clusters, the fraternity disbanded for the other feast of reason.

#### EVENING SESSION—FIRST DAY.

Upon the order of the Chair, the discussion of the *Symposium on Tuberculosis* was taken up. The various matters detailed in the afternoon session were reviewed as points occurred to those taking part in the general discussion. Louisiana as affording points of healthfulness for tuberculosis victims was discussed at length, and evidence was derived for and against. Treatment of the disease received but passing consideration in the discussion which obtained.



Considerable debate was excited upon the presentation of the following resolutions by Dr. E. L. McGehee, which were finally adopted:

WHEREAS, the LOUISIANA STATE MEDICAL SOCIETY being impressed with the communicability of Tuberculosis, therefore, be it

RESOLVED, First, That all teachers who apply for positions in the public schools shall present, with other credentials, a health certificate showing that he or she is free from communicable diseases, including tuberculosis, and

RESOLVED, Second, That the Louisiana State Medical Society recommends that, as far as possible, in all hospitals and sanitariums in the State tuberculosis patients be isolated, and the employment of all available sanitary regulations to prevent the spread of the disease.

DR. CHAS. CHASSAIGNAC, of New Orleans, read a paper entitled "*Varicocele*," in which the technic and indications were exhaustively reviewed.

Discussed by Drs. Hunt, LeBeuf, Terrett, Perkins, Martin, and by the essayist in closing.

DR. A. G. FRIEDRICHS, of New Orleans, read a paper entitled "*The Care of Children's Teeth*" (to appear in the JOURNAL), which was a most valuable contribution to a neglected subject.

When the evening session adjourned the hosts escorted the members to waiting trolley cars, and a most enjoyable ride finished the day in the wee' sma' hours.

#### MORNING SESSION—SECOND DAY.

The meeting was called to order by the president at 9 A. M.

DR. DOWLING, for the Committee on Arrangements, announced the various entertainments provided for the members during the day.

The minutes of the previous session were read and adopted.

The following resolutions adopted by the Ruston Medical Society were read by the secretary:

RUSTON, La., June 3, 1902.

At the May meeting of the Ruston Medical Society the following resolution was unanimously adopted:

Whereas, our present Medical Practice Act seems to be inoperative, and it seems under present conditions impossible to secure a conviction of the numerous violators of said act;

Be it resolved by the Ruston Medical Society that our influence be used with our Senators and Representatives to have said act modified or changed so that in the future all violators can be the more easily estopped.

Resolved further, that a copy of these resolutions be submitted to the Louisiana State Medical Society at its meeting in June next, with the request that such measure or measures be adopted by that society as will make the law more effective.

[SIGNED]

R. F. HARRELL,  
S. L. WHITE,  
R. ROBERTS,  
*Committee.*

Communication from the jobbers of the city of Shreveport was read, cordially inviting the members to set an hour for visiting the various jobbing houses of the city.

A letter from Dr. C. H. Tebault, of New Orleans, was read, in which a desire for membership was expressed, and therewith a lengthy note on the Confederate Army records, reunion, etc.

The Committee on the Proper Organization of the Louisiana State Medical Society made its report through the secretary in the absence of Dr. F. W. Parham, the chairman. The substance of this the JOURNAL published in its May number.

Reports from the State Board of Medical Examiners and from the Committee on Necrology were received.

Then followed a discussion of the reorganization of the society along the lines of the report of the committee. DR. OWEN introduced the question indicating the purpose aimed at as being the affiliation with the American Medical Association along the lines outlined by that body. The report of the committee suggested the application of these suggestions to the local conditions in Louisiana.

DR. MARTIN moved that the report of the Committee on Organization be adopted as a whole.

In discussing this motion considerable interest was elicited.

DR. THORNHILL believed it would be difficult to obtain members from all the parishes, because some of them are so sparsely settled and there are so few physicians in them that it would be impossible to form a society.

DR. OWEN—I will make a motion, "That any physician in good standing is eligible to membership in this society upon application," as an addition clause to Article III of the proposed constitution.

DR. MARTIN—I would like to amend that motion by adding "Provided there is no society in his parish."

DR. DYER—I have read this constitution several times, and I confess to a little embarrassment in understanding the proposed organization. It proposes that the business of the society shall

be in the hands of certain delegates, which delegates shall consist of members from the parish societies. It does not consider the general membership of the society at large. A large bulk of membership in the State Medical Society is made up of country members and from that class we are to draw our future membership. I believe a contemplation of this report demands a longer time by the society. The fact that so much discussion has been precipitated shows that there is reason for a further consideration. I believe that members living in parishes where there are no societies should have the privilege of membership, and just now I am unwilling to vote for this question.

DR. THORNHILL—I am in favor of the amendment allowing physicians residing in parishes where there are no societies to become members without joining a society.

DR. MCGEHEE—I want to endorse what Dr. Dyer has said. Let us go slow. It would be well to refer the matter to a committee to consider the whole thing. There is no haste about it. This Association is guarded by a Judiciary Committee, and we should take time to consider this change.

DR. CULLEDGE—I see no reason to put off action for a year. If defects are found in the constitution as offered they can be corrected. Let us accept the constitution as read, and if it is necessary to correct anything that can be done very easily. I am in favor of proceeding on the motion.

DR. HICKS—To me the question of a constitution is quite momentous. I don't believe in precipitate action in anything especially where the welfare of the community and the State Association is concerned. I believe our Association is as good as any in the Union, but I want something just a little better. Twelve months is a short time sometimes, and I believe that a little twelve months' deliberation will give us in the end a better constitution than we have now. As it is I don't know what to vote on. I think it should be given to a committee who should go over it slowly, carefully and intelligently, section by section, and then, after thorough deliberation, we can vote intelligently.

DR. IRION—Does this constitution mean that we will have two different kinds of members, one from parish medical societies and another from no society? In the case of a member from the parish medical society he shall be entitled to all the privileges of this Society, and in the other instance, when the member is perhaps just as well qualified, he shall be deprived of these privileges because he is not a member of a local society. I would like to have information on this point. I am opposed to having two different kinds of members.

DR. BARRIER—This is a question of considerable importance. This meeting is one of the most successful this society has ever held, and we added one hundred members. The proof of suc-



cess is success. I say we should make haste slowly. With all due respect to the gentlemen present, myself included, should we vote on this constitution not one in ten would know what he was voting on. As a substitute for the previous motion I will move that the report of this committee be referred to a special committee of five, this committee to report at the next meeting of the society, and that copies of the constitution be distributed to the members of the association.

DR. FRIEDRICH—I have read the proposed constitution and I think it absolutely impracticable to be of any value to this association, and if adopted as it now stands it will be a detriment and not an advantage to the society. I believe the plan an excellent one for a large body like the American Medical Association, and I appreciate why they should want and need such an arrangement, but in the State of Louisiana we are not organized. The majority of our local bodies can only get sufficient energy to organize, hold one or two meetings and then expire. So under the circumstances, while we need a change and while I am heartily in favor of a change, I don't believe such a radical change would be conducive to organization.

DR. OWEN—I will state that the personality of the committee which drew up this constitution represents men who have occupied the presidential chair of this society since 1890, and each of these men has exercised every effort personally to increase the membership of this society in every way working under the old constitution. We took as the frame work of this constitution the constitution of the American Medical Association. That association asked the State societies of every State to do this and fill up with such modifications as were necessary, so that there could be a uniform constitution throughout the Union. It has been adopted by North Carolina, Alabama, Mississippi, Missouri, Tennessee, and I believe several others. I think we should adopt this constitution with the additional clause suggested in regard to members from parishes where there are no societies. If we defer action for another year we will have the same objections and the same discussion as at present. Some of the gentlemen say they are not prepared to vote, but I don't believe they have any excuse. They should have come thoroughly posted.

DR. BARRIER—I want it understood that I am not so conservative as not to be progressive. I don't think our present constitution is perfect, and as the medical profession advances so should our society advance along with it, but one year's time will not interfere with the progress of the society, and as the discussion has been started here, by next meeting everyone will be prepared and know exactly what he wants and the report can be presented at the next meeting and adopted without much discussion.



DR. CHASSAIGNAC—There are three reasons for the postponement of this question. The first and certainly by no means the least important is that a very respectable proportion of this assembly is in favor of postponement and any question as vital as this is should not be carried by a mere majority. Any large representation, even a large minority, should receive consideration. The second point is that one of the weak spots in this arrangement is that it gives everything practically to the local bodies and our State is not yet densely populated enough for us to expect distinct and live organizations in all parts of the State though we can unite them here in one body as a live interest. The third argument is perhaps a homely one, but is of strength, and that is that it is always a good policy to leave well enough alone, and certainly in this meeting, one of unprecedented success, one should not want to run into a change. So I most cordially endorse the postponement of this question until our next annual meeting.

DR. BARRIER'S motion, which had been seconded, was then put and carried, viz: That the matter be referred to a committee of five, to reconsider the whole matter and report at the next meeting of the society.

The committee appointed to draft resolutions on the *Kyger Resolutions* reported that the endorsement of the society be given as requested, which was adopted.

The Secretary read a communication from the State Board of Examiners enclosing copy of an act now before the State Legislature and asking the endorsement of the Louisiana State Medical Society of such act. This aimed at certain changes in the act by which the District Attorney should prosecute, etc. Discussion followed.

DR. EGAN—Having been a member of the Board in former times I feel the necessity of such action as is now before the society. The original law of 1894 gave to the District Attorney the power of original prosecutor. An amendment was added in 1896 which removed this punitive clause and simply allowed a writ of injunction to be sued out to prevent these people from practicing their calling. I have always felt that it was an error to have adopted that amendment and I approve the bill as read by the Secretary and move that we second the efforts of the Examining Board to improve the law by returning to that punitive clause which gives the power of criminal prosecution. By this bill, however, they have also the injunction clause, but the punitive clause is very important to make the law efficient.

DR. McGEHEE—I am sorry the President of our Board, Dr. Barrow, is not with us to explain the difference between this Act and the law as it stands, but his own ill health prevented his being here. Since Dr. Egan has thrown his weight with us we feel much encouraged, because the Doctor has served on this Board and knows the difficulties under which the Board now acts. There are difficulties under the present law and the changes suggested we considered of great importance. Section 1, which regulates the practice of midwifery, had no penalty attached to its violation. The result was that a midwife who is refused a license goes on and practices midwifery and the Board is powerless to prevent her. The second change is that any member can make an affidavit against anybody who is violating the law. Heretofore it was necessary for the President to be informed and he individually made affidavit through a special man known as our attorney who does the work and charges the Board. Under this arrangement litigation by one man of financial means who wants to practice in the State of Louisiana, could bankrupt the Board, so we want to change it so that any member of the Board, no matter where he lives, can draw up an affidavit. Section contains another important change and it is a question whether we can adopt it just now, and you will have to think seriously about it. It is aimed at the osteopath. The word "manipulation" is put down as a means of practicing medicine. Whether we are ready to go before the Legislature with this clause the work of the osteopath in this State is for you to decide. A few days ago I was told by Dr. Larue that an influential member of the Legislature told him that any measure to oppose the work of the osteopath would be fought, but that this member would support a measure requiring them to pass an examination. Perhaps that would be the better way. In regard to the fifth charge it is believed it would be better to make the charge against quacks and persons practicing medicine without having complied with the law a criminal procedure, but now the Board thinks it is better to attack them both civilly and criminally. It is thus made the duty of the District Attorney to try them without expense to the Board. Another slight change is not to have the trial before a jury. We believe that is a more impartial way to prosecute them, to try them before a judge. We want the endorsement of the State Medical Society as without that endorsement we can do nothing, but with such endorsement the measure will carry.

DR. BARRIER—As I understand it, this really makes it the duty of the profession at large to assist the Board by reporting to the Board violators of the law when known to them. In addition it will secure evidence without cost to the Board, the man who makes the affidavit does it and has the testimony at hand and this testimony would be used by the Board. This has

been one difficulty in the past, the difficulty of obtaining testimony. I am certainly heartily in accord with the amendment, for I have seen open and flagrant violations of the law and the Board and profession at large has been powerless to do anything.

DR. EGAN moved that the amendment be endorsed by the society, which was seconded and carried.

DR. S. M. D. CLARK, of Orleans, read a paper reported *Results From X-Ray in Surgical Cases*. Considerable detail was related from which favorable conclusions were drawn.

DR. ADAMS, of Shreveport, presented a patient showing *Complete Transposition of Viscera*.

On this day as on the other days of the meeting, free lunch was had at the Caddo Club.

#### AFTERNOON SESSION—SECOND DAY.

The meeting was called to order by the President at 3 o'clock. The formation of the Nominating Committee was proceeded with.

DR. W. M. PERKINS, of New Orleans, read a paper entitled "*Spinal Analgesia*," related cases in summary, with conclusions. Discussed by Drs. Martin, Lazard, Terrett, Barrier, and by Dr. Perkins, in closing.

DR. R. A. GRAY, of Shreveport, read a paper entitled "*Post Partum Hemorrhage*." (To appear in the JOURNAL.)

Then followed the

#### REPORT OF THE NOMINATING COMMITTEE.

For President, Dr. Isadore Dyer, New Orleans.

For Vice Presidents:

1st. Congressional District, Dr. H. B. Gessner, New Orleans.

2nd. Congressional District, Dr. E. D. Martin, New Orleans.

3rd. Congressional District, Dr. W. E. Barker, Plaquemine.

4th. Congressional District, Dr. F. M. Thornhill, Arcadia.

5th. Congressional District, Dr. J. C. Willis, Homer.

6th. Congressional District, Dr. Charles McVea, Baton Rouge.

Recording Secretary, Dr. W. M. Perkins, New Orleans.

Corresponding Secretary, Dr. A. G. Friedrichs, New Orleans.

Treasurer, Dr. H. S. Cocram, New Orleans.

Delegates to the American Medical Association, Dr. R. Matas, with Dr. L. G. LeBeuf, of New Orleans, alternate.



An honorarium of \$150.00 was voted to Dr. Gessner the retiring recording secretary.

Dr. J. D. Trahan, of Lafayette, and Dr. C. D. Simmons, of Dutchtown, were nominated as members of the Society whose names are to be presented to the Governor for selection for appointment on the State Medical Examining Board.

New Orleans was selected as the next place of meeting in 1903, and the last Tuesday, Wednesday and Thursday in April.

DR. OWEN moved that the secretary be instructed to cast the unanimous vote of the society for the election of the officers as made by the Nominating Committee. Seconded and carried. The secretary cast the vote and the officers were declared duly elected.

DR. OWEN moved that DR. W. H. DALRYMPLE, of Baton Rouge, and DR. B. F. EADS, of Fort Worth, Texas, be elected honorary members of this society. Seconded and carried unanimously.

#### EVENING SESSION—SECOND DAY.

The meeting was called to order at 8 P. M.

The president, Dr. T. E. Schumpert, of Shreveport, delivered his address, "*The Medical Society and Its Relation to the Medical Profession*" [to appear in the JOURNAL], in which the story of medical organization was told as an evolution from the most primitive methods of secret medical office.

At 9 P. M. the society adjourned to the banquet prepared at the Corner Café, where ample food for stomach, heart, head and soul were provided.

Toasts were introduced with modest eloquence by Dr. N. K. VANCE, of Shreveport, and were responded to in spirit of increasing effusiveness as the hour grew late. Among those indulging in post prandial oratory were our friends, Barrier, who posed as Reuben come to Town, the Country Doctor; Kohnke who discoursed upon the ubiquitous mosquito; Chassaignac on the Medical Press and the JOURNAL, proud of its age and honor; LeBeuf on the Ladies, especially paying gracious tribute to those in Shreveport; Dr. Dalrymple spoke as well, and for Shreveport, Mr. A. R. Randolph, of the legal local lights, discoursed most eloquently. But of all, the golden-tongued eloquence of Fred. Mayer, of Scott, La., stood out in effulgent



brilliancy. Anecdote and metaphor were vied with music words to send a broadcast compliment to this old Crescent City, vegetant upon its latent merits, waiting for some such prince of splendid words to take her up among the other civic lights of to-day and by rubbing up her ancient virtues to make her shine. We have often heard Mayer's eloquence, full of speechful words, but it is indeed a pity that there was no Echo ready with a modern stenographic quill to record and exploit the encomiums paid to old New Orleans, praises which carried notes of sad regret and yet of hopeful promise in a belief in her Phenix capabilities.

Goodfellowship carried the banquet to the hour of 2 A. M., when it was adjourned.

#### MORNING SESSION—THIRD DAY.

The meeting was called to order at 9 A. M. by the President. The minutes of the second day were read and approved.

The Judiciary Committee made a supplementary report passing four of the eight names still remaining from the last report. The committee stated there were still a number of names to be acted upon, but could not receive attention at this meeting because of failure to be received within the requisite thirty days prior to the meeting.

DR. LEBEUF moved that the rules be enforced in regard to the members mentioned by the Secretary in his report as being in arrears. Seconded and carried.

DR. MARTIN presented the following motion: That it is the sense of this Association that the next vacancy occurring in the position of Second Assistant House Surgeon in the Charity Hospital at New Orleans be filled by competitive examination. Seconded and carried.

DR. MCGEHEE offered the following resolution: Resolved, that in the opinion of the Louisiana State Medical Association the Charity Hospital at Shreveport is not commensurate with the needs of the public and we most earnestly urge the Legislature to appropriate a liberal amount sufficient to equip and sustain a modern hospital worthy of our great commonwealth and this great city.

Seconded by DR. MARTIN. In doing so he said: This is the only thing I have seen in this beautiful city that is not up to standard.

DR. TERRETT—As a representative of the country district, I want to add my expressions of appreciation.

The resolutions were then unanimously adopted with instructions that a copy be sent to the Governor of the State and every member of the upper and lower house of the Legislature.

The committee appointed to draft resolutions on the Eye, Ear, Nose and Throat Hospital at New Orleans, reported as follows:

WHEREAS, It has come to the knowledge of the president and members of the Louisiana State Medical Society, now in annual session in the city of Shreveport, La., that an act has been introduced in the Legislature to authorize the Board of Trustees of the Institute for the Blind, the Board of Trustees of the Institute for the Deaf and Dumb, and the Board of Trustees of the Soldiers' Home of Louisiana, to provide for special treatment of the inmates of said institutions, for diseases of the eye, ear, nose and throat by the Eye, Ear, Nose and Throat Hospital of New Orleans, La., and to provide for an annual appropriation of six thousand dollars for the payment of such treatment; and,

WHEREAS, An arrangement of this kind would not only insure to the inmates desirable privileges and expert treatment, enjoyed by those of similar institutions in other States, but also serve as a small compensation and an indirect recognition of the valuable services rendered by the Eye, Ear, Nose and Throat Hospital to the poor and sick of this State;

*Be it resolved*, That we, the members of the Louisiana State Medical Society, appreciating to its full extent the merits of the Eye, Ear, Nose and Throat Hospital of New Orleans, La., do hereby strongly commend the institution to the favorable consideration of the Governor and to the members of the Legislature and strongly advocate the passage of the above-mentioned act; be it further

*Resolved*, That a copy of these preamble and resolutions be furnished respectively to the Governor, to the president of the Senate and the speaker of the House of Representatives.

On motion the resolutions were adopted.

DR. RANDELL HUNT on behalf of the local profession, thanked the society for the interest taken in the city and for the resolutions passed in the interest of the Charity Hospital.

DR. L. G. LEBEUF, of New Orleans, read a paper entitled "*Spontaneous Rupture of the Eyeball in Influenza.*"

DR. E. L. MCGEHEE, of New Orleans, read a paper entitled, "*Reciprocity of State Medical Examining Boards,*" recommending community of action between State boards; that candidates be required to have studied four years at a college known to be qualified; that candidates licensed after examination in one State

be admitted to practice in another without examination, on presentation of diplomas and State license accompanied by a certificate of moral character from not less than one physician who shall be a resident of the State chosen for location.

DR. KOHNKE moved that Dr. G. Farrar Patton's paper "*Vital Statistics of Tuberculosis in Louisiana*" be read in full. Seconded and carried. (To appear in JOURNAL).

After discussion by Drs. Mayer, W. K. Brown of Texas, Remage, DR. OWEN moved that the society endorse the suggestion contained in Dr. Patton's paper that a Commissioner of Hygiene be appointed, and that the Secretary be instructed to send a copy of this resolution to the Speaker of the House and to the Lieutenant Governor of the State. Seconded and carried.

DR. N. K. VANCE, of Shreveport, offered resolution endorsing the work of the quarantine officers, which were adopted.

DR. E. D. MARTIN, of New Orleans, read a paper entitled "*Carcinoma of the Breast*," which was discussed by Drs. Terrett, Barker, McGehee and Piggott. (To appear.)

DR. L. G. LEBEUF read a paper prepared by him and DR. E. D. MARTIN, entitled "*Report of a Case of Excision of Tibia following Railroad Injury, with Complete New Formation of Bone*," which was discussed by Drs. Egan, Barker, Martin, Kohnke, Longino, Gessner, Willis. (To appear.)

#### AFTERNOON SESSION—THIRD DAY.

The meeting was called to order by the President at 3 P. M. DR. MAYER reported for the *Section on Hygiene*.

DR. MAYER offered the following resolution, which was adopted unanimously:

Resolved, First, That the thanks of this Society be tendered to the retiring officers for their faithful work, shown in the success of this meeting.

Second—(a) To Dr. Dowling, chairman committee on arrangements; and (b) to Dr. Vance, master of ceremonies at the banquet.

Third—(a) Dr. Chandler, president, and the members of the Shreveport Medical Society for their magnificent reception and boundless hospitality, making this the red letter meeting in the history of the Association.

Fourth—To the citizens of Shreveport for their co-operative hospitality.



Fifth—To the press of Shreveport and New Orleans, and particularly the Shreveport *Times* and New Orleans *Picayune* and *Times-Democrat*, for their complete accounts of the proceedings of public interest.

Sixth—To the railroads for reduced rates.

Seventh—To Mrs. Newton C. Blanchard for her magnificent reception to the delegates.

Eighth—To the president and members of the Caddo Club for the use of their club rooms and daily hospitality.

Ninth—To the ladies' reception committee and ladies' auxiliary of Columbia Club for their many courtesies and hospitality to the visiting ladies and delegates.

Tenth—To the Columbia Club of Shreveport.

Eleventh—To the Athletic Club of Shreveport for their hospitality.

Twelfth—To the Elks for hospitality.

Thirteenth—To Dr. Tarkington for his active work on four committees.

DR. B. A. TERRETT, of Natchitoches, read a preliminary report on the following cases:

1. *Jacksonian Epilepsy Occurring Two Weeks After Severe Blow on Head—Six Months Later Craniotomy;*

2. *Chronic Traumatic Ulcer of Leg of Twenty-five Years' Standing—Skin Grafting (Thiersch) Under Medullary Narcosis;*

3. *Depressed Fracture of Parietal Bones over Coronal Suture of Two Years' Standing, Decided Mental Symptoms Developing as a Result of the Traumatism;*

4. *Multiple Urethral (Perineal) Fistula of Eight Years' Duration—External Urethrotomy (Cook's Procedure);*

5. *Chronic Varicocele Superinducing Pronounced Hypochondriacal Symptoms—Excision (Hows-Bennett-Braker method);*

6. *Chronic Osteo-Myelitis of Left Humerus and Lower Third of Left Femur Occurring as a Sequence of Typhoid Fever.*

THE INSTALLATION OF OFFICERS was taken up at this time and the newly elected President, DR. ISADORE DYER, was escorted to the chair.

DR. SCHUMPERT, in resigning the chair, said: I want to thank my co-workers for their hearty co-operation, and the business men of Shreveport for their financial and moral support and to those who have contributed to the social affairs of the meeting and to the members for their prompt attendance and attention. After my election to the presidency I looked over the transactions and found we had 1500 physicians in the State. I had envelopes addressed to these physicians and sent them cir-



cular letters and application blanks requesting that each one, if he be not a member of the State Society, should become a member, and if he be a member to solicit new members by giving the application blank to some one who was not a member. We are very glad to have such a large attendance and feel highly complimented and believe that it has been a profitable meeting to us all.

DR. DYER was then introduced and in assuming the chair said: I don't expect to make a speech, but I do want here and now to tell you how much I appreciate the honor you have conferred upon me. When some one ventured the possibility of my being President I said that as a small boy I had inclinations to the medical profession and said I would rather be the biggest doctor in the State than anything else. I don't mean to say that I feel to-day that I am the biggest doctor in the State, but I do mean to say that the burden of responsibility and dignity which you have conferred upon me and which I assume to-day makes me a very large doctor in the State in that spirit and that sense. I know of no burden that I have ever taken up with so easy a heart, no burden which I mean to carry with so much spirit as the one taken up to-day. I know of no duty I would rather assume than to guide the ship on its road of progress for another year along the lines which it has followed during the last four or five years in the hands of my predecessors. Each one has left his mark and left so high a mark that in the next twelve months we shall have to do some climbing to reach, or come within reach, to say nothing of getting beyond what has been accomplished. Again, I thank you for the honor you have conferred upon me and I assure you that it has never been given to a man who appreciated it more than I do and this I hope to show.

Brief speeches followed from the Vice Presidents and other officers who were present.

The President gave the floor to the elderly Dr. W. K. BROWN, of Paris, Texas, visiting the meeting who said: I want to take this occasion to thank the Association in the name of the gentlemen of my State of Texas, whose shoulder is put to the cart of the healing art. No one has been more highly pleased that I in this meeting and I thank you for all the attention given me while in your midst. It will ever be a bright spot in my memory.

DR. W. H. GRAHAM, of New Orleans, read a paper, "*Operation for Pyosalpinx; Rupture into Bladder; Septic Peritonitis; Recovery.*" No discussion.

On motion all papers on the program remaining unread and now in the hands of the Secretary were read by title and referred to the Publication Committee.

The President announced the following standing committees for the coming year, after which the society adjourned:

#### COMMITTEES.

*On Arrangements.*—Dr. L. G. LeBeuf, New Orleans; Dr. Andrew G. Friedrichs, New Orleans.

*On Organization.*—Dr. Isadore Dyer, New Orleans, chairman; Dr. H. B. Gessner, First Congressional District; Dr. E. D. Martin, Second Congressional District; Dr. W. E. Barker, Third Congressional District; Dr. F. M. Thornhill, Fourth Congressional District; Dr. J. C. Willis, Fifth Congressional District; Dr. Chas. M. McVea, Sixth Congressional District; Dr. Andrew G. Friedrichs, Corresponding Secretary.

*On Necrology.*—Dr. H. B. Gessner, Dr. E. D. Martin, Dr. W. E. Barker, Dr. F. M. Thornhill, Dr. J. C. Willis, Dr. Chas. McVea.

*On Publication.*—Dr. Quitman Kohnke, chairman; Dr. W. M. Perkins, Dr. Andrew G. Friedrichs, Dr. H. B. Gessner, Dr. H. S. Cocram, New Orleans.

*On State Medicine and Legislation.*—Dr. W. G. Owen, chairman, White Castle; sub-chairmen: Dr. C. J. Ducoté, Cottonport; Dr. H. D. Bruns, New Orleans; Dr. J. F. O'Leary and Dr. I. M. Callaway, Shreveport; Dr. Jno. Barrier, Delhi; Drs. J. C. Egan, F. M. Thornhill, R. H. Gray, G. W. Remage, J. S. Allison, A. A. Landry, W. C. Grace, S. D. Porter, J. J. Scott, R. G. Hawkins, B. Wise, E. O. Powers, J. N. Roussel, E. L. McGehee, J. F. Buquoi, G. C. Chandler, F. S. Furman, W. L. Dickson, J. F. Pigott, P. Michinard, L. Abramson, C. F. Duchein.

*Judiciary Committee.*—Dr. F. W. Parham, chairman; Drs. T. E. Schumpert, N. K. Vance, C. E. Edgerton, W. K. Sutherland, J. R. Fridge, P. E. Archinard, F. J. Mayer, Chas. Chas-saignac, O. O. Hamner, A. F. Barrow, R. R. Randolph, H. C. Coty, G. C. Mouton, M. L. Hoffpauir.

*Scientific Essays.*—Dr. O. Dowling, Shreveport, chairman; Drs. G. F. Patton, Z. G. Gallion, Randell Hunt, B. A. Terrett, J. O. Steger, J. Lazard, P. L. Bellenger, Gordon Morgan, C. J. Gremillion, C. W. Hilton, C. H. Irion, R. H. Culledge, D. E. Litton, J. K. Hodge, M. H. McGuire, J. C. Armstrong, O. M. Patterson, S. M. D. Clark, A. Blanchard.

“The entertainment of the visiting doctors wound up in a blaze of glory the last night at the Columbia Club, where a brilliant reception was held in their honor. The commodious parlors and reception rooms of the club were thronged with beautiful women beautifully and becomingly gowned, and the visitors were fairly dazzled by the display of grace and loveliness before them. The ladies vied with each other in their endeavor to make the evening pleasant for the guests of the occasion, and in this gracious task were cordially assisted by their gallant escorts.”—*Shreveport Times*.

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## Orleans Parish Medical Society.

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MEETING MAY 24, 1902.

DR. GESSNER presided.

DR. A. C. KING read a paper on *Inhalations, Oiled Silk Jacket and Applications of Cold in the Treatment of Acute Respiratory Diseases of Infancy and Childhood*.

DISCUSSION.—Dr. J. F. OECHSNER said that he had found oxygen inhalations an invaluable ally, particularly in cases where cyanosis occurred. In two cases of broncho-pneumonia he attributed the recovery of his patients, in a great measure, to this agent. Medicated and non-medicated inhalations were of special value in laryngeal affections; he had used them in treating diphtheria. He commended the use of oiled silk jacket, but was not ready to give up poultices altogether. He thought that occasional moving of the child was a necessary feature, on account of the tendency to hypostasis, when absolute quiet was maintained. With regard to the use of the ice bag or the ice pack to the chest, the idea of its advocates was to abort the pneumonic process; it was not an antipyretic measure solely. He had no experience with it, but some have had excellent results. However, it must be remembered that some cases of broncho-pneumonia in children terminate (by crisis) early, and this result might in such instance be attributed to the ice bag.



DR. STORCK had used in case of bronchitis with fetid expectoration and tuberculosis, inhalations of formaldehyde and obtained good results.

DR. GORDON KING asked what Dr. Storck's method of using formaldehyde inhalations was. He was an ardent advocate of steam inhalations for laryngeal and tracheal affections. These he used medicated with menthol or carbolic acid.

DR. OECHSNER asked how Dr. King accounted for the occurrence of pyothorax in his series of cases where the ice bag had been used?

DR. LEBEUF asked what proportion of creosote was used in inhalations and the *modus operandi* in employing it.

DR. BARNETT asked whether Dr. King had had the pus from his cases of pyothorax examined.

DR. NELKEN recounted his experience with the ice bag in the treatment of pneumonia in the negro wards of the Charity Hospital. Previous to its use, the mortality had been fifty per cent., and after its adoption there was but one death in a series of fourteen cases and in this one the pneumonia was a complication of typhoid fever. Perhaps the lower mortality rate had been due to the mildness of the cases in which the ice bag had been used. However, he thought this had not been the case. There had been no pyothorax in those cases. A great drawback to the general use of the ice bag in pneumonia was the prejudice of the laity against it. In passing, he remarked on the difficulty of diagnosing between lobar pneumonia and pleural effusion in children. A case thought to be unresolved pneumonia and yielding all the characteristic physical signs of consolidation and none of effusion, proved on aspiration to be pyothorax. He believed in baths for hyperpyrexia, tepid at first and then gradually cooled down. Mustard poultices should be barred; their weight interfered with respiration—if long continued, they caused pain and increased fever and their value was, to say the least, problematic.

DR. GUTHRIE—It was difficult to conceive why there should be greater liability to empyema in cases treated with ice bag than in cases otherwise treated. Dr. King's experience seemed to indicate this, but did the experience of the profession generally corroborate him?



DR. THIBERGE had treated two cases of whooping cough with inhalations of steam medicated with turpentin; they gave immediate relief. He had used turpentin stupes in lung affections with good results. Warm baths reduced temperature in children just as well as cold ones, and caused less shock. He asked Dr. Nelken whether he used the ice bag to the chest continuously or intermittently, allowing the skin to react.

DR. BLUM asked whether Dr. King used the ice bag indiscriminately at any stage.

DR. A. C. KING—Changing the child's position from time to time was an excellent measure and was recommended by all authorities. He did not understand why empyema should follow the use of the ice bag, but the fact remained that he had had no empyema until he began using it. With regard to the use of creosote, he had employed it by inhalation with benefit in one case of pneumonia, late in the disease, by suspending a wad of cotton saturated with six drops of creosote in an Arnold sterilizer used as a steamer. Ice bag had been applied in his cases when the diagnosis was made. He saw no necessity of applying the ice bag at beginning. He had not succeeded in aborting any case.

REPORT OF A CASE.—DR. E. H. WALET exhibited a boy of ten years, who had suffered nine months ago a *Gunshot* (bird shot) *Wound in the Leg*, at close range. The middle third of the extensor surface had been practically "chewed up" by the shot. Dr. Walet saw the patient six or seven hours after the accident. There had been some hemorrhage, but there was only oozing at that time. The wound was daily cleaned and dressed antiseptically. After the third day, there was evidence of septic infection. The temperature rose to 104 deg., there was crepitation over the entire surface of the leg and circulation was very poor. Extensive incisions for relief of tension and drainage were made on that day.

Large masses of muscles began to slough out, and for a while the doctor feared he would have to amputate. However, at the end of the first week, the patient did better. During the second week, Dr. Walet removed practically the whole anterior group of muscles in sloughing masses. In the third week, the bones were bare even of periosteum, for three or four inches, and remained so for two weeks. He had deferred amputation on

account of healthy condition of the bone. He had expected, however, extensive necrosis. Gradually, circulation had been restored, and by bringing the flexor muscle forward against the bones, he had managed to protect the latter. In November, he detected some necrosis and attempted to curet, but owing to unfavorable surroundings at the patient's home, the doctor was unable to do a complete and satisfactory operation. Following this, there was some skin infection (pustules), but this subsided when dusting powders and irrigation were discontinued and only lubricants were used. Two or three months ago, Dr. Walet laid open the sinus that had remained and curetted it thoroughly. He found some osteitis, but no necrosis. There were still some shot removed from the tissues.

The physiology of the parts was remarkable. The patient walked very well indeed. Dr. Walet thought this was due to the fact that the foot was slightly ankylosed in a position at right angle to the leg.

DR. LEBEUF asked whether any apparatus had been used for supporting the leg. Dr. Walet said no.

DR. MARTIN said that the danger in paralysis of the extensors was stubbing the toe. To avoid this he used a brace consisting of a steel spring reaching from behind the knee and passing over the calf, to be fastened to the back of the heel. This acted as a spring and raised the toe. It was not so awkward nor so heavy as the lateral braces.

DR. LAZARD—The nutrition of the bones was worthy of note. If the humerus had been the bone injured, the destruction would have been much greater. The tibia had greater blood supply than any other bone. He asked what solution Dr. Walet had used for irrigation and whether the pustules had been cured after its withdrawal.

DR. BARNETT related the case of a boy who had extensive exposure of the bone in the cranium. No exfoliation occurred and the wound healed completely.

DR. WALET did not attribute pustules to the use of the solutions (saline, bichlorides, carbolic). The pustules had appeared after the second attempt at operative interference. He attributed their occurrence to poor nervous and vascular supply, to mechanical irritation and to the dry condition of the skin.

## Medical News Items.

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THE AMERICAN MEDICAL ASSOCIATION elected the following officers for the coming year: President, Dr. Frank Billings, Chicago; first vice president, Dr. J. A. Witherspoon, Tennessee; second vice president, Dr. G. F. Comstock, Saratoga; third vice president, Dr. C. R. Holmes, Cleveland; fourth vice president, Dr. J. H. Dunne, St. Paul; treasurer, Dr. H. D. Newman, Chicago; secretary, Dr. George H. Simmons, Chicago.

THE NEW ORLEANS POLYCLINIC closed May 31, after a successful session. There were 118 physicians in attendance, some from Northern States, but the largest number from our sister States of Texas and Mississippi. The profession of the Southern states is beginning to recognize the advantages offered in this metropolitan center, so amply supplied with the whole variety of cosmopolitan diseases.

THE EYE, EAR, NOSE AND THROAT HOSPITAL in New Orleans contemplates a new building and the Board of Trustees are quietly urging the need of this upon the friends of that most worthy institution. There is no reason why New Orleans should not boast of as well equipped special hospitals as other urban communities, especially when the pioneer work has been so worthily done as not only to invite support, but so as almost to make the needed assistance obligatory upon the community.

LEPERS IN NEW ORLEANS.—The City Board of Health discovered three cases of leprosy during the month of June—one of whom was sent to the Home; the other two managed to escape the law.

THE ASSOCIATION OF MILITARY SURGEONS of the United States met for the eleventh annual session, at the National Theatre in Washington, D. C., June 4, 1902.

SUBSTITUTION SCORED AGAIN.—Clarence D. Bowman, manager of a drug store at 739 Sixth Avenue, New York, pleaded guilty to substitution of some other preparation for Fairchild's essence of pepsin and was fined \$50. In passing sentence the judge (Wyatt) impressed the seriousness of the offense and stated that it was only at the instance of the injured firm that heavier fine was not imposed.

THE AMERICAN SURGICAL ASSOCIATION elected the following officers for the coming year: President, Dr. H. Maurice Richardson, Boston; vice presidents, Dr. N. B. Cannon, St. Louis; Dr. W. J. Mayo, Rochester, Minn.; secretary, Dr. Dudley P. Allen, Cleveland, Ohio; treasurer, Dr. G. R. Fowler, Brooklyn; recorder, Dr. Richard H. Harte, Philadelphia.

DR. J. C. PERRINE is now with Wm. S. Merrell Chemical Co. as their local retailist and representative.

THE ASSOCIATION OF SURGEONS OF THE SOUTHERN RAILWAY elected the following officers at their Washington meeting: President, Dr. Rhett Goode, Mobile, Ala.; first vice president, Dr. T. P. McMahon, Illinois; second vice president, Dr. M. W. O'Brien, Alexandria, Va.; secretary and treasurer, Dr. J. H. Harrison, London, Tenn. Old Point Comfort, Va., was chosen as the next place of meeting, in June, 1903.

DIED.—Dr. William Christy Wilson, aged 78 years, died in New Orleans in June. Dr. Wilson was born in Pointe Coupee, Parish, La., in 1824. He graduated in Louisville, Ky., in 1847. Shortly after his graduation he married Miss Elizabeth Yost, who survives him. For fifty years and up to the time of his death Dr. Wilson has been a practicing physician in New Orleans.

Dr. Stephen D. Russell, 82 years old, died in June. Dr. Russell was a member of the Board of Health during the early seventies.

AT THE MEETING OF THE AMERICAN CONGRESS OF TUBERCULOSIS HELD IN NEW YORK, June 3, 4 and 5, a reorganization was effected and the following officers elected for the ensuing year:



Honorary President, Dr. Henry D. Holton, Brattleboro, Vt.; president, Dr. Daniel Lewis, New York, N. Y.; first vice president, Dr. J. A. Egan, Illinois; second vice president, Dr. Frank Paschal, San Antonio, Texas; third vice president, Dr. E. J. Barrack, Toronto, Canada; fourth vice president, Dr. J. A. Watson, Concord, N. H.; fifth vice president, Dr. Romola, Guatemala; secretary, Dr. George Brown, Atlanta, Ga.; treasurer, Dr. P. H. Bryce, Toronto, Canada.

The suggestion to hold a World's Congress of Tuberculosis in St. Louis in 1904 met with approval and steps are being taken to this end.

BEN BOLT.—The Society of American Authors proposes a monument over the grave of the late Dr. Thomas Dunn English, author of the ballad "Ben Bolt." Any sum received. Checks or money orders should be drawn in favor of Morris P. Ferris, Treasurer, and should be addressed: "Thomas Dunn English Memorial, Society of American Authors, 32 Broadway, New York."

CHANGES IN THE MEDICAL FACULTY OF THE UNIVERSITY OF MARYLAND.—Dr. L. McLane Tiffany having resigned the chair of surgery in the University of Maryland Faculty of Physic, Dr. Randolph Winslow was on Friday elected professor of surgery, Dr. John Holmes Smith was elected professor of anatomy, Dr. D. M. R. Culbreth professor of materia medica, Dr. Frank Martin and Dr. St. Clair Spruill clinical professors of surgery, and Dr. Joseph W. Holland demonstrator of anatomy.

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## Obituary.

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### RESOLUTIONS IN MEMORIAM OF DR. W. H. WATKINS ADOPTED BY THE ORLEANS PARISH MEDICAL SOCIETY JUNE, 1903.

WHEREAS, In the course of nature DR. W. H. WATKINS, our professional brother and late member of the Parish Medical Society, has passed from the narrow vale of this life into the broad expanse of eternity.

WHEREAS, He was a lover of science and an earnest worker, inspiring a high regard in the profession and endearing himself to a large clientèle by his kindly and successful ministration; and,

WHEREAS, He took a deep interest in all matters pertaining to the public welfare;

*Resolved*, That we take this means of expressing our high appreciation of his character and a deep sense of the loss we and the general public have sustained; that the Orleans Parish Medical Society has lost a valued member, one of the principal builders and supporters of the old New Orleans Medical and Surgical Association and ever a warm advocate of organized medical work, and that the community has lost a patriotic citizen and those near to him a kind friend who, of all others, was well noted for his good fellowship.

*Resolved*, That his family have lost a son, brother, husband and father who was always tender, kind and generous, and that we hereby tender them our sincere sympathy in their affliction, hoping that it will temper their sorrows with the comforting and reasonable belief that we have not bid adieu, but only au revoir to our friend.

*Resolved*, That these resolutions be spread upon the minutes of the society, be published in the New Orleans MEDICAL AND SURGICAL JOURNAL and a copy forwarded to his family.

(Signed)

A. PETTIT, M. D.,  
*Chairman*;  
J. D. BLOOM, M. D.,  
E. J. GRANER, M. D.,  
*Committee.*

Adopted by the society at a meeting held June 14, 1902.

J. B. GUTHRIE,  
*Acting Secretary.*

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## Book Reviews and Notices.

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*All new publications sent to the JOURNAL will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the JOURNAL to review as many of the works received as possible, the editors will be guided by the space available and the merit of the respective publications. The acceptance of a book implies no obligation to review.*

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*The Perverts.* By DR. WILLIAM LEE HOWARD. G. W. Dillingham Co., New York.

One finishes Dr. Howard's book with the intense query, *cui bono?*, and this is hard to answer.

The author is both an alienist of some position and a student of the phsyhic and sociologic problems of the day, and this alone should make his work acceptable.

In a running story of constant interest, filled with graphic situations, *The Perverts* tells the history, antecedent and immediate, of a family of oblique physical and moral traits, due to hereditary influences first and lack of juvenile direction secondarily. The main characters are brother and sister, the one an alcoholic dipsomaniac, the other an invert of the grossest sexual type, cruel in instincts and animal in the furtherance of the governing idea. Tragic situations, sensational episodes and a finale of exciting climax maintain the interest of the reader, even if the moral of the book were not sufficient in itself.

Much of the phraseology is bound to be a foreign language to the lay reader, and the book will be popularly read, rather from curiosity than from any educational standpoint.

The evident purpose of the author, however, is patent from the inception of the book. Argument is advanced and strongly worked out to a conclusion against indiscriminate marriage of the unfit, physically or morally, and the living characters example the result of presenile procreation. Medical men of even tenor will find a new field of thought in this book, full of suggestion in the study of obscure neurasthenia or more advanced nerve disorders — even though a single class of inverts is selected by the author.

The popular presentation in current literature of this subject in an advance towards enlightenment, when less than a decade since the scientific work, of no less a light than Havelock Ellis, along these lines, was only to be had under cover of private and almost secret purchase. We, therefore, hope for good to come from Dr. Howard's effort.

DYER.

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*The Biennial Report of the Board of Control Louisiana Leper Home to the General Assembly, 1902.*

We are glad to notice this most excellent report presented over the signature of Mr. Albert C. Phelps, the Secretary to the Leper Board. Not only is it the best report yet made to the Legislature, but it is logical in context and most excellent in literary style. Aside from its value as a review of the two years work of the Home, it must go into history as a fair presentation of the difficulties brought about in the attempt to establish the Home near New Orleans. With the newer life in the purpose of the Board, there is more promise for the success of the Leper Home, until now hardly fulfilling the intentions of its establishment.

DYER.

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*A Reference Handbook of The Medical Sciences.* By various writers. Edited by ALBERT H. BUCK, M. D. Volume IV, ERA—INF. Wm. Wood & Co., New York, 1902.

We are glad to welcome this further addition to this most excellent series of encyclopedic medical monographs. Among the contributors to the

present volume we are pleased to note the name of Dr. E. D. Fenner, of New Orleans.

Of especial note are the articles on Gunshot Wounds by Dr. Louis A. Lagarde; Hernia, Dr. J. A. Blake; Goitre, Dr. J. H. Pratt; Glaucoma, Dr. Adolf Alt. Of more than ordinary interest is the article on fractures by Dr. E. L. Keyes, Jr., which is thoroughly illustrated, besides having a most comprehensive context.

The several articles on the Eye and Eyelids supply valuable instruction in the technic of operative procedures, especially directed at deformities or anomalous conditions.

As with the former editions, no pains have been spared in making the work complete and standard. There is only one Reference Hand Book of the Medical Sciences.

DYER.

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*Human Physiology.* By JOSEPH HOWARD RAYMOND, A. M., M. D. W. B. Saunders & Company, Philadelphia and London, 1901.

The multitude of original illustrations is at once evident in this excellent text. No pains have been spared with detail and the practical presentation of elementary ideas in physiology is a strong point of merit in this work.

The histologic units of the human being are excellently drawn, and judicious examples, diagrams, colored sketches are found everywhere in expansion of an otherwise clear exposition of the subject. Among the many works on physiology this must rank with the best.

DYER.

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*The American Illustrated Medical Dictionary, Pronunciation, Derivation and Definition.* By W. A. NEWMAN DORLAND, A. M., M. D. Second edition revised. W. B. Saunders & Company, Philadelphia and London, 1902.

This is the second edition of this convenient dictionary. The definitions are complete and satisfactory, being those accepted by the best medical lexicographers of to-day. The etymologic references are in the original languages, and the method of indicating the pronunciation is clear.

The book is bound in flexible leather, and is an excellent example of the bookmaker's art. The convenience in size should make it popular.

STORCK.



## PUBLICATIONS RECEIVED.

*The Neuroses of the Genito-Urinary System*, by Dr. R. Ulzman, translated by Gardner W. Allen, M. D.—F. Davis Company, Philadelphia, 1902

*The Haunted Bridal Chamber*, by Geo. Augustin.

*Practical Dietetics*, by W. Gilman Thompson, M. D.—D. Appleton & Co., New York, 1902.

*Quain's Dictionary of Medicine*, Third Edition, Edited by H. Montague Murray, M. D.—D. Appleton & Co., New York, 1902.

*Diseases of the Nose, Pharynx and Ear*, by Henry Gradle, M. D.—W. B. Saunders & Co., Philadelphia and London, 1902.

*A Manual of Surgical Treatment*, by W. Watson Cheyne, F. R. C. S., and F. F. Burghard, M. D.—Volume VI. Lea Brothers & Co., Philadelphia and New York, 1902.

*Report of Vital Statistics of the Cities Havana and Guanabacoa*, April, 1902.

*American Edition of Nothnagel's Encyclopedia (Diphtheria, Measles, Scarlatina, German Measles)*, by William P. Northrup, M. D. and Theodor von Jurgensen, M. D.—W. B. Saunders & Company, Philadelphia and London, 1902.

*Minor Surgery and Bandaging*, by Henry W. Wharton, M. D.—Lea Bros. & Co., Philadelphia and New York, 1902.

*Twelfth Annual Report Eye, Ear, Nose and Throat Hospital*, 1902.

*The Artificial Feeding of Infants*, by C. F. Judson, M. D., and J. C. Gittings, M. D.—J. B. Lippincott Company, Philadelphia, 1902.

*Transactions of the Southern Surgical and Gynecological Association*, Vol. XIV, 1902.

## REPRINTS.

*The Antrabic Vaccinations at the New York Pasteur Institute During 1900 and 1901*, by George Gibier Rambaud, M. D.

*Yellow Fever in France, Italy, Great Britain and Austria, May, 1902.*

*A Brief Outline of the Therapeutics of Some of the Newer Remedies*, by H. E. Connor, M. D.

*Tropical Dysentery*, by T. S. Dabney, M. D.

*The History of the Invention and of the Development of the Ophthalmoscope*, by Harry Friedenwald, M. D.

*Hermann von Helmholtz—The Inventor of the Ophthalmoscope*, by Casey A. Wood, M. D.

## MORTUARY REPORT OF NEW ORLEANS.

(Computed from the Monthly Report of the Board of Health of the City of New Orleans.)  
FOR MAY, 1902.

CAUSE.	White.	Colored.	Total.
Cholera Nostras.....	2	2	4
Fever, Intermittent.....	5	7	12
“ Scarlet.....	1	...	1
“ Typhoid or Enteric.....	8	1	9
Erysipelas.....	2	...	2
Septicemia.....	2	3	5
Syphilis.....	2	2	4
Diabetes.....	1	...	1
Bronchitis.....	1	5	6
Diphtheria.....	...	1	1
Alcoholism.....	1	1	2
Broncho-Pneumonia.....	1	1	2
Whooping Cough.....	2	1	3
Pneumonia.....	7	9	16
Cancer.....	16	3	19
Tuberculosis.....	48	37	85
Diarrhea (Enteritis).....	65	34	99
Dysentery.....	7	3	10
Intestinal Obstruction.....	4	2	6
Pleurisy.....	2	1	3
Hepatic Cirrhosis.....	5	4	9
Peritonitis.....	3	...	3
Other Liver Diseases.....	2	3	5
Debility, Senile.....	10	4	14
“ Infantile.....	9	2	11
Bright's Disease (Nephritis).....	27	15	42
Puerperal Diseases.....	4	2	6
Heart, Diseases of.....	41	31	72
Apoplexy and Congestion of Brain.....	13	6	19
Meningitis.....	17	7	24
Paralysis.....	5	2	...
Softening of Brain.....	5	...	5
Trismus Nascentium.....	2	6	8
Injuries.....	38	3	41
Suicide.....	6	...	6
All Other Causes.....	50	44	94
TOTAL.....	414	242	656

Still-born Children—White, 19; colored, 14; total, 33.

Population of City (estimated)—White, 223,500; colored, 81,500; total, 305,000.

Death Rate per 1000 per annum for Month—White, 22.22; colored, 35.63; total, 21.19.

## METEOROLOGIC SUMMARY.

(U. S. Weather Bureau.)

Mean atmospheric pressure..... 29.98  
Mean temperature..... 78.  
Total precipitation..... 1.56 inches.  
Prevailing direction of wind, southeast.

# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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VOL. LV.

AUGUST, 1902.

No. 2.

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## Original Articles.

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[No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. A complimentary edition of fifty reprints of his article will be furnished each contributor should he so desire. Any number of reprints may be had at reasonable rates if a WRITTEN order for the same accompany the paper.]

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### THE VALUE OF CO-OPERATION IN THE SANITARY CONTROL OF OUR PERIODIC EPIZOOTICS OF ANTHRAX.\*

By W. H. DALRYMPLE, M. R. C. V. S., Louisiana State University, Baton Rouge, La.

I can assure you I esteem it a great privilege and honor to have been invited to present a paper before the State Medical Society of Louisiana.

The study of pathology covers a very wide field, and is not, by any means, confined to pathologic conditions affecting, only, the genus homo, but is similar, whether it is applied to investigations affecting man, the lower animals, or even plants. And the same may be said of hygiene and of sanitary science in general, especially, as we are now aware, through the indefatigable efforts of the workers in the great field of bacteriology, that disease everywhere depends so extensively upon the presence of the ubiquitous microbe.

Fortunately for us the pathogenic forms are in the minority, although we are inclined, from our familiarity with them, I presume, to think of bacteria as disease-producers only. Such an impression, however, is altogether erroneous, as the great

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majority of these lowly forms of life are of great economic value, and, therefore, helpful to man in many spheres of life.

It is but a year or two ago that the agriculturist was wont to look upon his soil as a mass of dead inert matter, but which, by some accountable and mysterious agency, became fertile through the application of artificial, or other, manures. To-day, the mystery is all cleared away, and he now knows that what he once thought to be sterile earth is one immense laboratory of germ-life busily engaged in the process of nitrification, manufacturing the insoluble fertilizing materials into soluble, and, therefore, available plant-food to be taken up by the delicate rootlets for the tissue-building of the plant.

Only a few years since two German scientists (Wilfarth and Hellreigel) elucidated the problem of the enrichment of soils consequent upon the growing of leguminous crops, which previously had been clothed in mystery. Following up their investigations they discovered that the various plants belonging to the natural order, *Leguminosae*, had on their tiny rootlets, and root-hairs, minute nodules or tubercles, and that these enlargements contained within them great numbers of micro-organisms having the power of fixing the free nitrogen of the atmosphere, the most costly of fertilizing elements, and elaborating it for the use and benefit, both of the plant and of the soil.

The great dairy industry has been the beneficiary of a discovery of germ-life where it was, perhaps, least expected. Not so long ago that fragrant and delicious boquet, which we all desire so much in our butter, was found to be a product resulting from the labors of a flavor-producing bacterium, the culture from which can now be purchased as a commercial commodity, and is within the reach of all engaged in this industry. And we are all familiar, of course, with the great value to various industries that the discovery of the different fermentations has been, but I have just alluded to one or two of the more recent investigations into the life-history of some of the economic bacteria to emphasize the fact, that some forms, in fact the much larger number, are not only beneficial, but necessary in this work-a-day world of ours.

Unfortunately, however, although few in numbers, the pathogenic forms are amply sufficient to carry destruction and de-



vastation in their wake to the various forms of animal life with which we have to deal.

Of the different classes of pathogenic organisms, those which play the role of etiologic factors in the production of transmissible and intercommunicable diseases may be said to be the most important, from the standpoint of the pathologist, whether special or comparative, among which may be mentioned the bacillus anthracis, the bacillus tuberculosis, the bacillus mallei, the bacillus tetani, etc., all being spore-bearing, and, therefore, capable of a much more extended existence, and a greater tenacity, than are those that do not have a spore-bearing stage in their life cycle.

Anthrax, the disease which is to occupy our attention for a short while on this occasion, is produced by one of the spore-bearing forms, and it is to the tenacity or vitality of the spores, outside of the animal body, is due the permanent infection of certain localities, consequent upon the careless and improper disposal of anthrax cadavers, which has, unfortunately, been the rule rather than the exception, in this and some of the other States for many years. This fact will be more readily appreciated when it is known that anthrax is a true septicemia. That is to say, the bacilli are always found in immense numbers in the blood of the charbonous victim, at all events, immediately preceding, and after death. Hence the extreme virulence of the blood and tissues of the anthrax carcass.

The fact that this disease has been permitted to exist to such a length of time in our midst, and with such periodic fatal results, has, I think, been due almost solely to the general lack of information relative to its true nature. Scientific progress, therefore, in endeavoring to ameliorate conditions, has been somewhat slow, since the struggle has been against the enormous odds of incredulity, indifference, and ignorance; and, like all great reform measures, satisfactory results depend largely upon the education of public opinion.

It is not altogether astonishing, however, that the importance of such a contagious and fatal malady to man and beast should not have received more attention at the hands of the pathologist in our midst, nor more appreciation by the laity, when we find such an eminent authority as Surgeon-General Sternberg, stating, in his voluminous *Manual of Bacteriology*, that "anthrax

does not prevail in the United States," a statement, I need hardly say, for which there is absolutely no foundation in fact.

Before approaching the more specific part of my subject, I have thought it might be both interesting and acceptable to allude briefly to the historic, bacteriologic and hygienic (including sanitary) divisions, in order that what application I may make may be the more intelligible and pointed.

Throughout the civilized world this disease is known by various names and synonyms. By the Latin term, anthrax, it is known to the English speaking medical world, although it also receives the names: *Wool-Sorter's Disease*, *Disease of Rag-Pickers*, *Malignant Pustule*, *Carbuncular Disease*, *Splenic Apoplexy*, and *Splenic Fever*. It is most familiarly known to us by its French synonym, *Charbón*. The Germans speak of it as *Miltzbrand*, or disease of the spleen. In Italy, *Carbonchio* is given to it. While the Russians allude to it as *Jaswa*, or *Siberskaji Jaswa*, etc.

It is possible that anthrax is the most contagious and the oldest disease of animals known to medical science. It is said that the "Sixth Egyptian Plague," spoken of by Moses in his second book, was this very malady; and in his third book he indicates the transmission of anthrax to man by the intermediation of soiled clothing. The epizootic described by Homer in the first book of the Iliad, and which affected man, the mule, and the dog, was probably no other than anthrax. In the ninth book of his Metamorphoses, Ovid gives an exact description of anthrax epizootics.

Plutarch has given the history of an outbreak which existed in Rome about the year 740 before the Christian era. Dionysius, of Halicanassus, 488, and Livius, 425, B. C., have mentioned examples of anthrax affections which existed first in animals living upon pastures, then in such as were kept in stables, in animals destined for sacrifices, in priests, shepherds and farmers, and lastly upon the whole population. So much for ancient history.

Coming down to a later date, we find that in 1617, the disease was prevalent, and of such a fatal nature, in the neighborhood of Naples, Italy, that over 60,000 people perished through eating the flesh of animals that had died of anthrax. In 1731, it made its appearance in several provinces of France. The years

1757, 1763, 1775, 1779, 1780 and 1800 were signalized by the charbonous malady which extended nearly all over France, and affected all the domestic animals. From 1800 to 1846 many outbreaks were observed, generally in the hottest months. In Russia, during 1864, in the five governments of Petersburg, Novgorod, Olentz, Twer and Jaroslaw, over 10,000 horses and nearly 1000 persons perished from the disease. I might refer to records of devastation caused by anthrax in still other countries, but it seems unnecessary to go beyond the limits of our own State for authentic information regarding the ravages of charbon, both in the lower animals, and, unfortunately, in many human beings as well.

In making some investigations, two or three summers ago, into the history of anthrax in Louisiana, I found that outbreaks were known as far back as some of the oldest citizens could recollect, notwithstanding the statement of General Sternberg to the contrary; and it is probable the contagion has existed and outbreaks of the disease have appeared periodically for generations before its true etiologic factor was known or even suspected. Consequently sanitary measures were not thought of to ameliorate existing conditions; the contagion was permitted to spread through the medium of various agencies, and permanent infection given a foothold in those sections most favorable to the development of the specific organism.

Anthrax, then, is a specific disease, and can be produced only through the medium of its own specific germ, the bacillus anthracis, or as I understand, the more recent nomenclature of Miguel gives it, the bacterium anthracis, although it was not until 1845 that charbon was believed to be contagious, when in that year, Gerlach demonstrated it experimentally. In 1855 Pollender, of Wipperfurth, announced that in 1849 he had found in the blood of cattle afflicted with anthrax a considerable quantity of fine little sticks.

These were also seen by Duvaïne, of Paris, in 1850, and by Branell, of Dorpat, in 1857. This last investigator based his diagnosis of anthrax upon the presence of these little sticks in the blood, but he denied their disease-producing properties.

It was Duvaïne, who, in 1863, recognized that these elements were bacteria, and that they constituted the specific agents of



charbon. Cohn was the first who considered the little sticks bacilli and suspected their sporulation. Delafond was the first who tried the cultivation of anthrax rods, and by exposing virulent blood to air, he said that these little sticks became lengthened. The renowned Koch, however, threw more light upon the development of spores and their transformation into bacilli.

A great deal of interest must ever circle around this charbon bacillus when we consider for a moment that the great and invaluable science of bacteriology has been developed through the identification of this pathogenic organism.

In order to have a proper appreciation of the hygienic treatment of anthrax, we ought to know something of its bacteriology—the various channels by which the organism gains access to the animal economy and the numerous media of transmission.



Anthrax Bacillus—Author's Illustration.

There are two great classes of bacteria. Those requiring oxygen for their existence being termed aerobes, while the anaerobic germs find in the organism deprived of oxygenated blood the most favorable conditions for their multiplication.

It is to the first, or aerobic class, that the germ of anthrax



belongs, and must have oxygen for its life and development. And right at this point a very important sanitary fact seems to "fit in." When an animal succumbs to anthrax, the vital food, so to speak, of the germ is cut off, and if the body is kept intact and no blood is permitted to escape from the natural or other openings, it will be found, on microscopic examination, 24 or 36 hours after death, that it will be difficult to discover an anthrax organism, they having evidently degenerated and died for want of oxygen, and become the prey of the putrefactive bacteria. If then the precaution is taken to prevent the escape of this germ-laden blood, and the carcass is immediately incinerated, the danger of spread or contamination from it is reduced to a minimum.

But, on the other hand, should blood be allowed to escape from the body through any channel whatever, the atmospheric oxygen is sufficient to revivify the bacilli it contains, and by a dying effort of nature, to reproduce themselves, as it were, they are enabled to sporulate, the surroundings are contaminated with the virulent blood, causing no end of future trouble and probably permanent infection in the immediate locality.

In the blood of the living animal the anthrax organism exists only in the bacillus or rod-like form, and multiplies by fission or segmentation. Spores are not found in the vital fluid during life. Outside of the body we do not find bacilli, but only the spore form; and these, being much more resistant to external destructive influences, are capable of living, probably indefinitely, until they are taken into the system, and there develop into bacilli. This is the generally accepted life-history, but it is possible that conditions may sometimes arise sufficiently favorable, outside the body, for the various phases in the life-cycle of the germ to be completed. The former, however, must be the most frequent, as examinations of anthrax-infected materials—with the exception of fresh blood—generally reveal the organism in the spore stage.

There are three recognized ways by which the germ of anthrax may gain access into the animal body, viz.: by the alimentary tract, by the skin, and by the lungs, but it is rare for the disease to be transmitted directly from a diseased to a healthy animal.

Intestinal, or internal anthrax is usually produced by spores which are ingested with contaminated food or water.

This mode of infection is frequent with us, in the initial stage, and during the course of an epizootic, through previous infection, in the first instance, and continued infection in the second, attributable in each case to the want of sanitary care in the disposal of animals that have died of the disease, their discharges having infected the surroundings grazed over by healthy stock. The virulent elements, after ingestion, in such cases, gain access to the circulation through the delicate intestinal wall.

Cutaneous or skin infection produces the form known as external anthrax, carbuncular disease, malignant pustule, etc.

This variety is brought about by some method of external inoculation. In the Lower Mississippi Valley, at least, the numerous varieties of flies belonging to the order, "*Tabanidae*," or horse-flies, are, in my opinion, more responsible than any other cause of transmission in the lower animals, when they are first provided with a source, such as charbonous blood, from which to obtain the virus. Of course you are all familiar with the external form of anthrax in the human being, and the various media of transmission, some of which I will refer to a little later.

The third channel of infection is the respiratory tract, the spores, in a desiccated condition, coming in contact, through inhalation, with the mucous-membrane of the delicate air-tubes and acini in the lungs. This form is known as pulmonary anthrax, wool-sorter's disease, disease of rag-pickers, etc., and it has been clearly established that the mode of entrance of the spores is through the respiratory organs.

Although the human subject, and especially those engaged in the business of wool-sorting, rag-picking, mattress-making, etc., may frequently contract anthrax in this way, I am inclined to think that, in the lower animals, it is by no means so common as by ingestion and inoculation. In fact I should consider it rare, unless in infected areas during very dry, dusty weather the spores in a desiccated state might be carried by the wind and inhaled, or, taken in through the same channel from dusty contaminated hay, or other feeding material, which has been grown on an infected soil, and containing spores of anthrax.

Before touching upon the various transmitting agencies, it may be asserted that, as the organisms of anthrax are found in

great numbers in the blood of the cadaver, this, as well as all other tissues supplied by it, is virulent, and, therefore, capable of transmitting the contagion, when brought in contact with any medium by which it may be conveyed.

In the case of human beings, the contraction of anthrax from the ingestion of charbonous flesh, insufficiently cooked to destroy the spores, although at one time apparently common, can now be looked upon as of somewhat rare occurrence, I think, owing to more modern methods in the preparation of meats used for human food.

The cutaneous and pulmonary forms of anthrax are of most frequent occurrence in man at the present time, and of the former there are some interesting records. For example, I have observed in an excerpt from the *Medical Press and Circular* that an English physician, residing in the island of Cyprus, encountered some remarkable cases of disease transmitted in the sting of the solitary ant. In one instance a woman was stung, during sleep, by one of these insects, and the wound showed active signs of anthrax infection. It was found upon investigation that in a field adjoining her cottage there was a dead sheep which had laid there for a week after having died of that disease. The article adds: "Here, then, is yet another insect to be added to the growing list of those that, while not dangerous in themselves, are capable of great mischief, owing to their transmission of malignant bacilli."

A few years ago an employee of the London General Post-office succumbed to anthrax infection by being inoculated with a piece of leather out of which he had been manufacturing hinges for a box in which to carry packages. It has been clearly demonstrated by actual test, that the modern process of tanning is not sufficient to kill the spores that may be present in the blood of hides of charbonous animals. Hence, the leather manipulated by this man must evidently have contained virulent anthrax infection.

Only last year I read of a case in an English medical journal where some boys became infected through taking to pieces the machinery connected with a carding mill. It not unfrequently happens that the skins and wool of sheep that have died of anthrax find their way to the market. The wool may very easily become contaminated with charbonous blood, and,



in the process of carding, the spores get on to parts of the machinery. This, no doubt, was the manner in which the infection was transmitted to the unfortunate boys, who, at the same time had received abrasions of the skin of the hands.

The skinning of charbonous cadavers, is, perhaps, the most frequent way in which external infection is produced in man. And, right at this point, I would like to emphasize the danger to human life, in the first place, and of spreading the contagion, in the second, by such procedure, which cannot be too severely deprecated.

There is hardly a year in which there are not cases of cutaneous anthrax among employees in the various tanning districts throughout the country, by inoculation from the virulent blood of hides imported from countries in which the disease is prevalent, and the refuse from such tanneries being carried by drains and streams frequently finds its way on to meadows and causes extensive outbreaks of anthrax in cattle and other herbivorous animals, grazing upon them. This mode of bringing anthrax into the United States has caused the customs department to require a consular certificate with all imports of hides, of one kind and another, from various countries in which infectious and contagious diseases, such as anthrax, etc., prevail. Such certificate is required to show that all imports of hides are either dry-salted, arsenic or lime-cured and thoroughly disinfected according to the sulphur formula prescribed by the secretary of the treasury. Exceptions are made in the case of hides shipped from Great Britain, Norway and Sweden abattoirs, for in these countries only cattle absolutely free from all diseases may be slaughtered.

The pulmonary form (Wool-Sorter's disease) in man, is introduced through wool and horse-hair, in a similar manner to that above alluded to in the case of the boys employed in the carding mill; but, instead of external infection, the dried spores, mingled with dust, and floating in the atmosphere of the rooms or workshops, are inhaled and find lodgment in the respiratory organs.

Coming to the lower animals and the different ways in which anthrax infection is conveyed I will first consider feeding materials.

When herbivorous animals graze over pastures, and more es-



pecially if the grass be short, that have been soiled by the blood, or other discharges, from exposed charbonous carcasses, and the climatic and meteorologic conditions be favorable for the development of germ-life, they contract the disease through ingestion of the spores, producing internal or intestinal anthrax or charbon.

This is quite frequent in this State, more particularly during the early part of the season. But, it is also possible, and in fact often happens, that anthrax is introduced, where it had not previously existed, through the medium of hay, grain, and manufactured food-stuffs, that had been raised on infected ground.

I have had personal experience of, at least, two outbreaks brought in this way. The first was in a valuable herd of Jersey cattle in the State of Georgia, where the disease had not previously been known. The food in use was one of the "commercial feeds," made up principally of the offal of different cereals, and sold as cattle feed. Some of the grains had evidently been raised on an infected area, and contained anthrax spores. No animals on the farm died except those fed this food; and one or two others succumbed, belonging to another owner who had borrowed some of the food for the purpose of trying it. It proved an expensive loan.

The other outbreak occurred in this State about 7 years ago, and the fatalities amounted to some twenty head of sugar mules.

The vehicle in this instance was bran from one of the cereals, which, like the previous case, must have been raised in an infected district. A cessation of the disease followed the stoppage of the use of this food material, but which, after again resorting to its use, on account of the owner doubting its virulent character, destroyed several more animals. After total disuse of the bran, there were no more cases. Anthrax had not been known to exist on this place before, or, at all events, within the recollection of the oldest inhabitant.

A somewhat celebrated lawsuit occurred only last year over an outbreak of anthrax on a farm in the north of England, thought to be introduced in some oil-cake for feeding purposes. The cake was examined, microscopically and bacteriologically, by a number of eminent British pathologists (among them Prof. John M'Fadyean of London, one of the ablest in Europe,

and a gentleman whom you may remember as replying to the famous paper of Dr. Koch at the last Congress of Tuberculosis held in London; and whom, I trust, I may be pardoned for referring to as a personal friend of my own), and was found to be infected with anthrax spores.

Water is another vehicle by which the contagion may be carried. This can readily be inferred from my previous allusion to infection being conveyed by running-water from tanneries. Rains washing the virulent germ-laden blood from the surroundings of the exposed charbonous body can easily carry the contagion into streams, etc., and, on falling or receding, infection is left along their banks where animals graze, which may be quite a distance from the primarily-infected locality.

Our carrion-birds, as the buzzard and carrion-crow, are, in my opinion, very important factors in spreading infection. For, after contaminating their feet with virulent blood from a charbonous victim, they may infect pastures wherever they alight, which may be miles distant from where they obtained the virus.

Our carnivorous and omnivorous animals, also, play quite a prominent part as disseminators of the contagion. After feeding upon the charbonous flesh, they may live long enough to travel great distances, infecting as they go, before they, too, succumb to become fresh foci of the disease and keep up its spread.

Among the agencies responsible for the transmission of the disease in its carbuncular or external form, however, the numerous varieties of the *Tabanidæ*, or horse-flies, are, in our section of the country, undoubtedly the most potent. Of these there are several hundred, and the conditions seem to prevail which permit of their successful development and multiplication.

Porchinski, a Russian entomologist who has made a study of the life-history and habits of this, hitherto, somewhat neglected order of insects, states that: "water and arboreal plants are the chief conditions of the existence and multiplication of the family to which horse or gad-flies belong; and where these conditions are absent, no tabanidæ are observed." Now, all such favorable conditions we possess in abundance in those sections of the State which suffer most from anthrax.

It has been a matter of general observation that outbreaks of

this disease, in epizootic form, usually succeed periods of protracted drought in summer, and after the breaking of such drought by the first few showers of rain. On the other hand, the disease rarely occurs over an extended area, and if at all, in only sporadic or enzootic form during seasons in which we have frequent and copious precipitation. This may be accounted for, first of all, by the fact that a lengthened dry spell of weather favors the development and multiplication of greater numbers of horse-flies, which would be destroyed in the oval or larval stages by incessant heavy rains during these more delicate stages of the insect's life.

Then again, the moisture from the showers following the dry weather, combined with the natural heat of our summers, brings about conditions favorable to the development of latent bacterial life already in existence in infected localities.

When heavy and frequent rains continue during our summers, we seem to have fewer of these flies, for the reason, no doubt, just stated, and it seems reasonable to presume that a great deal of infection is washed from the surface of the ground, and of the vegetation, and carried away by running water, which, unfortunately, however, becomes a menace to territory below, or through which such contaminated water passes.

Given, then, even one charbonous carcass, with its infected blood and other tissues, left carelessly exposed upon the surface of the ground, and a favorable season for the propagation and development of these blood-sucking flies, which will attack the animal even after death while the germ-laden blood is yet warm, and the merest tyro can conceive how hundreds, or perhaps thousands of inoculations can be produced in healthy animals over quite a wide extent of territory. But, get rid of the anthrax-cadaver by incineration, if possible, and all transmitting agencies are deprived of the source from which the virus can be conveyed.

This is nothing more than a simple, yet most important sanitary proposition, which, if it had been more strictly carried out in previous years, would have vastly restricted the area of infection in the State and been the means of a saving to our citizens of probably millions of dollars, besides the lives of many individuals who have become victims to the disease through inoculation.



But although it may be improbable, or even impossible, to be able to rid the State of contagion, and especially from those localities which may be termed infected districts, that have been infected and re-infected from time immemorial, through want of a correct knowledge of sanitary science as applied to anthrax, it is possible to greatly limit the further spread of the contagion by the adoption of the proper sanitary measures in the future, and by immunizing our animals against fatal attacks of the disease, at least. These include the careful and proper disposal of all charbonous carcasses; the thorough disinfection of localities and articles liable to have become infected, and preventive inoculation with prepared lymph to render our animals refractory.

This now brings us to the subject of artificial immunization, which I feel sure will be of some interest to those of you who may not have given to the matter any very serious consideration up to the present time.

It may be said that the most noteworthy application of artificially prepared living vaccines to the protection of animals against infection is seen in connection with this disease, anthrax.

The first preventive inoculations were made by Toussaint. This investigator used defibrinated blood of anthrax heated for 10 to 15 minutes at a temperature of 50 to 55 deg. C. He did not secure, however, the true mechanism of immunity which he thought he had thus produced. The virulence of charbon cultures is very stable on account of the spores which are little subject to change, and when it is desired to attenuate these cultures it is necessary to begin by preventing the formation of spores. Pasteur succeeded in this by cultivating anthrax bacilli at the temperature of 42 to 43 deg. Centigrade, in the presence of oxygen. Multiplication of the bacilli still continues, but spores are no longer formed. The bacilli which have become asporogenous at the above named temperature then lose their virulent properties, retaining only those of an ordinary saprogenic or saprophytic organism, and finally lose all their vitality.

What is in use now, as "anthrax vaccine," is a lymph containing cultures of these attenuated asporogenous bacilli. This material is generally used in two strengths. The preparation of

the first virus, which is the weaker, requires 24 days' exposure; that of the second 12 days; and they are inoculated at an interval of 10 to 12 days apart; and immunity is conferred by this material for a period of about 12 months.

I will not tax your patience by recounting the successes obtained, in other countries, by this immunizing method.

We have sufficient evidence in this State of its efficacy from the mere fact, that previous to six years, or so, ago, its use was almost totally unknown, and to-day, probaby 40,000 to 50,000 doses are employed annually throughout the State.

For the most satisfactory results, the vaccine used must be thoroughly reliable; the operation performed early in the season; the syringe and needles, and the skin at the point of puncture, carefully sterilized; the animal kept from exposure to infection either from flies, or from grazing on suspected pastures, during the interval between the first and second, or for the prescribed time (some 10 to 14 days) after the administration of the second lymph. On the other hand, if all the necessary precautions are not observed in dealing with such a dangerous and fatal malady, it is impossible to expect anything short of failure, or at most, indifferent success.

I am afraid, gentlemen, you will think the application of my topic has required a very lengthy preface, the greater portion of which might have been omitted; but I felt that the subject was of sufficient importance to warrant a somewhat extended resumé in order that the application might be the more intelligible, and capable of carrying greater conviction with it.

We are face to face with a condition of a very serious nature, menacing the lives, not only of our animal, but of our human population, and which I think calls for greater co-operative action. Living in the midst of such periodic fatal epizootics of anthrax, we do not seem to realize the gravity of the situation as do our Northern neighbors, who are inclined to look upon Louisiana, and the Lower Mississippi Valley in general, in this connection, with a feeling of almost perfect dread. A member of the American Veterinary Medical Association, who visited this State during the prevalence of anthrax last year, stated, before the annual meeting of that association, in Atlantic City, N. J., last September, that, "we Northern men have not the faintest conception of the conditions, prevailing on account of anthrax, that

the veterinarians of Louisiana and Mississippi have had to contend with."

Now, the thought has frequently occurred to me, when visiting outbreaks of anthrax throughout the country parishes, that if practising physicians in those districts visited periodically by this disease would impart some of their knowledge of sanitary science to their clients, over whom they exert the usual wholesome influence of the family physician; telling them of the danger to be apprehended, and suggesting to them, or directing them, as to the absolute necessity for the exercise of strict sanitation, such as the complete destruction of carcasses, and thorough disinfection, it would have a telling effect in preventing the spread of contagion in charbonous times. I do know of country practitioners who utilize their information in the education of their clients along such lines, and with splendid results. But, I have heard of others, who, on being asked for information, because the victim of anthrax happened to be a mule or a cow, exclaimed, with an air of wounded dignity: "I'm no mule or cow doctor, and don't know anything about it." The result of this has often been that some illiterate person, without any sanitary knowledge whatever, has been called in, and the contagion permitted to spread broadcast. This is surely not the spirit of the true pathologist. He looks upon disease as such, and does not consider the subject that accidentally has become the victim of it. Besides, in the case of the disease under consideration, its control and suppression should enlist the serious attention of the medical sanitarian, it being communicable to, and extremely fatal in, the human family, as well as the lower animals, as records of the past clearly show. It is well that it should be borne in mind, also, that the magnificent strides medical science has taken, and the exalted pinnacle to which it has attained in recent years, has been made possible largely through the untiring efforts of eminent research-workers in the great fields of comparative anatomy, physiology, pathology and therapeutics.

It must not be inferred for a moment, however, that I am trying to suggest the necessity for physicians treating cases of charbon in animals. That is by no means what I am aiming at. My object is a purely educational one, and it can be accomplished at the expense of a very limited amount of effort. I am firmly



of the opinion, that, in charbonous sections of the State, and where no educated and competent veterinarians are located, such sections being quite numerous, if, as I have previously suggested, the physician would, through his knowledge of contagious diseases, especially charbon, and of sanitary science, which is the same whether applied in the case of the higher or the lower animal, exert the influence he possesses in enlightening his client, the owner, as to the best measure to adopt to circumscribe contagion and eradicate the disease, the beneficent results accruing from such a course, would, in a few years, I feel convinced, exceed our most sanguine expectations.

As I stated at the outset of my paper, pathology is a broad subject, and not confined to the study of disease in any one species. The investigation of those maladies that are intercommunicable, should be of as much interest to the human as to the comparative pathologist, so much depending upon their control and extermination, in the interest of the health of the human family as well as that of the domestic animals.

The control of anthrax is a matter which, in reality, concerns the public health, as well as the pockets of our stock owners, and any measures calculated to bring about amelioration of existing conditions would not only aid in the conservation of the public health, but of the public wealth also. And I feel confident that a little more co-operation, all over the State, in the sanitary control of our periodic epizootics, would tend very materially toward the more speedy accomplishment of the end in view.

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#### SYPHILIS OF THE NOSE.

By Dr. W. SCHEPPEGRELL, A. M., M. D., New Orleans, La.

In the region of the nose, throat and ear, the manifestations of syphilitic disease may present its most characteristic lesions as well as its most fatal complications. The mucous membrane, the muscles, the nerves, the cartilage and bone may each be affected in the different stages of the disease, and develop lesions which leave their permanent impress on the patient, unless arrested by proper treatment. So varied are the lesions, and, in some cases, so difficult to recognize in some of its forms, that the early and correct diagnosis of syphilitic disease in the

nose, the throat and ear, may be considered an excellent criterion as to the physician's technical knowledge of this region.

While the diagnosis in well-marked cases is not difficult, still cases sometimes present themselves which are difficult to diagnose even by the most experienced, and even histologic examinations are not always reliable in such cases. This refers especially to the late manifestations of syphilis which have frequently been mistaken for malignant disease. In such case, where there is the least element of doubt, the patient should receive the benefit of the therapeutic test.

Among the most marked lesions that may present themselves in this region is the horrible deformity due to the depressed nose so characteristic of the late manifestation of syphilis; the loss of hearing from the involvement of the auditory apparatus; defective speech arising from obstructive nasal lesions, from injuries to the velum palati or from involvement of the larynx.

The deafness in syphilitic disease may be due to closure of the eustachian tubes, involvement of the middle ear or labyrinth, or even of the auditory centres. The degree of deafness will depend upon the location and the length of time that the disease has progressed. When deafness has developed in infancy, deaf-mutism may result.

Syphilitic lesions are not limited simply to deformities or to injury of a special organ, as a fatal issue is by no means a rare occurrence. The disease in the nose may cause death by extension into cranial cavities, or the ulcerative process may spread from the ears and involve meninges, sinuses or the encephalon; syphilitic inflammation and ulceration in the larynx may cause such obstruction to breathing that death can be averted only by an early intubation or tracheotomy.

The question as to the length of time that syphilitic lesions may prove contagious is an important one which has been the subject of considerable discussion. Generally speaking, we may state that after careful treatment, the possibilities of contagion usually disappear after the completion of the secondary state, or two to four years after the initial lesion. As secondary lesions sometimes show themselves at a much later period, care should be practiced in the use of instruments in such cases at all times.

Primary syphilis of the nose is of rare occurrence, all available

statistics giving a percentage of 3.7 per cent. of all reported cases of extra-genital chancres. Le Bart (1) has collated thirty-seven observations, Seifert (2), Healy (3), Pellizari (4), Griffin (5), and others have since added to this list. The most frequent site of the initial lesion in these cases was on the alæ nasi and next on the anterior portion of the septum, the finger being the most usual means of infection.

While the nose is an unusual location for the chancre, its possibilities should not be forgotten in cases in which the initial lesion cannot be found, especially if there is a history of nasal disease developing about this time.

The primary lesion in the nose may be recognized by its general appearance, the characteristic induration, the involvement of the lymphatic glands and later by the development of secondary lesions on the skin and mucous membrane.

The occurrence of secondary manifestations in the nasal cavities is infrequent, forming in this a strong contrast with the oral cavity. Among the secondary lesions are usually classed the erythema or coryza, the mucous patch, and even the superficial ulceration which some authors credit to the tertiary stage. Bosworth (6) believes that the division of the syphilitic lesion in this region into secondary and tertiary is a purely arbitrary distinction, as the mucous patch and the superficial ulcer, which are usually regarded as secondary lesions, not infrequently occur in the later stages, while the gummata with the resulting ulceration and necrosis sometimes occur quite early in the course of the disease. He, therefore, suggests the following divisions: The chancre, the coryza or erythema, the mucous patch, the superficial ulceration and the gummy tumor, the latter including the resulting deep ulceration and necroses.

Syphilitic erythema and coryza frequently present difficulty in the diagnosis, and many cases are mistaken for catarrhal conditions. Perhaps the most characteristic are the snuffles of infants which have inherited syphilitic disease, although even in these cases, the disease is frequently allowed to gain considerable headway under the impression that the child is suffering from a protracted "cold." The opposite mistake, however, should also be avoided, and a diagnosis of syphilis not be made without a careful examination. Kenefick (7), in illustration of this, reports a case of an infant, which had been placed on a



protracted mercurial treatment, when a rhinoscopic examination showed the presence of a foreign body in the nostrils, and similar cases have been reported.

The diagnosis of secondary manifestations in the nostrils presents considerable difficulty as they are not always characteristic, although the purplish color of the mucous membrane showing venous congestion can usually be recognized. The clinical history should be closely observed and the mucous membrane of the mouth and throat as well as the lymphatic glands carefully watched in order to corroborate the diagnosis.

The mucous patch in the nasal chambers is a symptom of great rarity. In 130 cases of this lesion in the male, Bosworth (6) failed to find a single case in which a mucous patch could be found in the nasal cavity. Bassereau (8) on the other hand, in reporting 136 cases of this lesion in women, claims to have seen the nostrils involved in 8 cases or about 6 per cent. This appears to be an unusually high estimate, as the majority of authors have called attention to the great rarity of the mucous patch in this region.

The superficial ulcer of the nose is also a lesion of great rarity. It is usually considered as belonging to the secondary stage and due to the progress of a mucous patch, although Bosworth attributes it to a gummy deposit, partly as a result of his histologic examinations of these cases, and also because, therapeutically, the iodide of potash is far more effective in such cases than the administration of mercury, showing, in this respect, a strong similarity to the later manifestations of syphilitic disease.

Tertiary syphilis of the nose usually develops from one to three years after the initial lesion, although it is not unusual, especially in cases that have been partly treated, to have these manifestations delayed until ten to fifteen years after infection, and in rare cases they may appear at even a later date. Unless arrested by energetic treatment, they may result in the horrible deformities due to syphilitic disease in this region.

The gumma most frequently develops in the anterior portion of the bony septum, although sometimes both this and the triangular cartilage are involved. If the necrotic process is limited to the bony septum, it may result in extensive loss of tissue, but external deformity does not usually result unless the cartilaginous septum is also destroyed. When this is the

case, the nose will have lost its support, and when the proliferative process is completed and atrophy takes place, the nose sinks in giving the characteristic appearance of a "saddle-back" nose. The ulceration, however, rarely spreads outside of the nasal cavity.

In cases in which the septum has been destroyed, the nasal bones may also become involved; thus giving rise to a still more marked deformity. If the columnæ of the nose are also destroyed, the two nostrils are converted into one large cavity over which the flattened nose may hang so closely as to give rise to difficulties of nasal respiration unless corrected by surgical interference.

The diagnosis of tertiary syphilis of the nose does not usually present great difficulty. When a gumma develops in the septum, it shows a large rounded mass which may become so large as to occlude the nasal cavity. In a case recently treated by me, this obstruction to breathing was the only symptom complained of by the patient, although the gumma had already destroyed a considerable portion of the nasal septum. A gumma of this region may be distinguished from carcinoma by being of a more solid consistency and not bleeding so easily when manipulated with a probe.

The location of a gummy tumor in the turbinated bodies is more rare than on the septum. It may also cause considerable obstruction to respiration, and is distinguished from simple hypertrophy, which it resembles in the early stages, by its firmer character and by the attending pain which may radiate over a considerable portion of the face on the affected side.

Occasionally the pain is not limited to the affected side. In a case in my practice, still under treatment, the middle turbinal on the right side has been partially destroyed in the necrotic process following the breaking down of a gumma; but the pain has been marked on both sides of the face, although the most careful examinations have failed to reveal any syphilitic lesion on the left side.

In both gumma of the septum and of the turbinals the diagnosis is sometimes obscure, and must be assisted by the clinical history. Histologic examinations should be made, although even these are not always reliable in such cases. Thus, C. P. Linhart (9) describes a case in which a diagnosis of sarcoma

had been made by two surgeons and a pathologist, and the inferior turbinate and part of the middle turbinate removed by a specialist, who did not consider the growth malignant, in a case of tumor involving the inferior turbinate. The return of the tumor led to the use of the iodide of potash with complete cure. A case is also reported by Mounier (10) of a large endo- and extra-nasal growth, pronounced sarcoma by one specialist and lupus by another, and radical operation advised, which was cured by mercurial treatment.

As illustrating the fact that syphilis of the nose may simulate malignant disease so closely as to mislead the most experienced, Knight (11) reports the case of a girl of fifteen suffering from nasal disease with all the characteristics of small round-celled sarcomatous tissue clearly defined, the patient having been referred to a general surgeon who advised excision of the upper jaw. This would probably have been the case had not the girl complained a few days later of a sensitive swelling on her left shin, and over the crest of the tibia was found a semi-fluctuating tumor of the size of a hen's egg. She was then placed upon mercury and rapidly increasing doses of iodide of potassium. Within two weeks this node, and at the same time the nasal tumor, disappeared without any recurrence.

In the treatment of syphilis of the nose, the most important is the constitutional, although the local treatment is by no means to be neglected. In regard to the former, I have found the most satisfactory results from the use of bichloride of mercury in the early stages, and of iodide of potash in the later stages of the disease. In some cases, in which the stomach of the patient shows an intolerance to the bichloride or iodide, or in cases in which the character or location of the lesion requires the patient to be brought rapidly under the influence of the therapeutic agent, we must resort to inunctions, hyperdermatic injections, etc. By making the patient drink a glassful of water or milk with each dose of the bichloride of mercury or iodide of potash, the local irritation of the medicine to the stomach may usually be avoided. When the patient appears to be progressing satisfactorily, I frequently use the protoiodide of mercury, which is usually better tolerated than other forms. The patient should be carefully watched from time to time, and more energetic medication established when required.



The length of time that the constitutional treatment should be continued has been the subject of considerable discussion. I believe it advisable, however, that this should be continued for at least two years after the last local symptoms have disappeared.

In the primary lesions of the nose internal medication should be avoided, as it effects no benefit to this, and prevents the appearance of the secondary manifestations which forms an important factor in the diagnosis.

The local treatment of syphilis of the nose should be continued as long as the local lesions exist. Cleanliness is of the utmost importance, and may be assisted by the spraying of mild alkaline solutions by means of a suitable atomizer. Where there is considerable debris, and especially if this has developed a fetid odor, hydrogen dioxide, in from ten to twenty-five per cent. solutions, should be freely applied by means of a good atomizer.

For the mucous patch and for the syphilitic ulcer, the application of a suitable caustic is indicated. I have found the trichloroacetic acid preferable to chromic acid or nitrate of silver, which are more frequently used.

In necrotic processes of the bone, too great haste should not be shown in the surgical removal of the decayed bone, at least, not until nature has shown its tendency to establish the line of demarcation. The odor may be minimized by the use of hydrogen dioxide and of cleansing sprays.

When external deformities have developed as a result of syphilitic necrosis, they may be corrected by means of various surgical devices suggested for this purpose. These consist usually of an artificial bridge of platinum or gold, with lateral arms for insertion into the superior maxillæ on either side. The bridge is introduced by means of a special incision and secured in position by means of the lateral arms.

During the past year the hyperdermatic injection of solid paraffin into the depressed parts has been suggested by Eckstein (12), Broeckhart (13), and others, and with considerable success in cases in which the deformity has not been too marked.

Syphilis of the nose is an infrequent manifestation of syphilitic disease, but when developed, it is a distinct danger to the health and welfare of the patient. When neglected, it may leave a deformity which will prove a permanent source of hu-

miliation to the patient and may even cause a fatal complication by involvement of the cranial cavities. The fact that syphilitic disease usually yields to proper medication should make the existence of such serious and fatal complications inexcusable unless due to neglect on the part of the patient.

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## Editorial Department.

ISADORE DYER, M. D.

Now, we feel sure this sentiment is heartily concurred in by the other members of the New Orleans medical profession, and that the hands of the Committee of Arrangements will be so strengthened by a profession united in the desire to prove the wisdom of the House of Delegates in selecting New Orleans, that there can be no possibility of failure. We believe a simple statement of the fact that the American Medical Association will meet here in May next would be sufficient to enlist the



universal sympathy of our community in the effort to make the sojourn of these distinguished men of medicine among us pleasant and profitable, but there must be left undone nothing that will aid in accomplishing the greatest possible measure of success. It behooves us, therefore, to organize thoroughly the efforts of the Committee of Arrangements, so that the profession may make "a long pull, a strong pull, and a pull altogether." At an early date the Chairman of the Committee will announce the sub-committees on a systematic and comprehensive plan, intended to include every feature calculated to assure the satisfactory reception and entertainment of our guests. We of the medical profession must take the initiative and must formulate early clear ideas as to what kind of entertainment we shall provide, and the rest will depend upon the enthusiasm of the profession and the unstinted assistance of our fellow-citizens. Of this latter we are assured in no uncertain words by the Progressive Union of this city, whose well-known energy and business foresight will permit no effort fraught with so much of good to New Orleans to fail of abundant harvest.

A word or two about the American Medical Association might not be amiss at this time. This body was organized about fifty-six years ago and has had continuous existence ever since. The wisdom of its organizers has been abundantly shown, but its past achievements, however great, are as nothing compared with the possibilities of the future, when the organization of the American medical profession along the lines marked out at the last meeting of the Association shall have been satisfactorily accomplished. The national body has taken the first and most important step forward by making radical changes in its plan of organization calculated to facilitate the working of its vital machinery, and as well to utilize to the best advantage the immense working capacity of the great State organizations of this country. When this plan shall have attained its highest effectiveness, the medical profession will wield an influence that will be fruitfully felt in our legislative halls, national, State and municipal, throughout the land.

Let us take a brief glance into the past history of the American Medical Association that we may see how wonderfully matters have changed and what the new order of things demands.

When the association was organized in the forties, the popu-

lation of this country was about 20,000,000, and the medical profession numbered approximately not more than 25,000. At this date our population does not fall short of 75,000,000, and the medical men number by a moderate computation not fewer than 110,000. Of these the Committee on Reorganization of the American Medical Association estimated that the number of physicians belonging to medical societies, basing their statements on the best attainable information from the most reliable sources, did not number over 33,000. It would thus appear that 77,000 physicians in the United States do not belong to any medical society whatever. That is to say, two-thirds of the profession fail to unite in any organized effort to advance their own and the public good. But even as to the men in the societies the best was not accomplished, for the mass had become unwieldy and other methods than those originally effective had to be adopted. At first the various State and local societies could be advantageously united through the medium of direct representation in the national body, but as time went on the local societies so increased in number and membership that on a basis of the original apportionment the national organization became so top heavy that it was about to fall of its own weight. The representation of the State societies was, too, sinking into insignificance, for it happened in not a few instances that county and municipal societies in some of the States had a much greater representation in the parent body than that of many of the State organizations. The conditions being so changed, if the active life of the American Medical Association was to continue, a radical change in organization had to be effected. The relations of the national to the State bodies must be properly adjusted and the organization of State associations as well as those of the State to the county and parish societies.

This has now been partially accomplished by the reorganization of the American Medical Association. The superstructure has been renewed, but now our attention must be given to the foundation, which must be strengthened by new pillars and brick and mortar, each State contributing one pillar built on a uniform plan for all the States—the bricks being the individual members and the mortar the organization of the local societies. The American Medical Association has had one most successful

meeting under the new régime. The opinion seems to be general that whilst many crudities were apparent and must be done away with, still in the main it has proved vastly more effective than the old methods and should remain the guiding principles of the organization. The next meeting here will, we believe, for reasons which we have merely indicated, prove one of the most interesting and certainly one of the most important ever held. The national organization under the new plan will have been on trial for a year, a number of the State associations, which have already adopted the same plan, will be able to report upon its working, and such an impetus will without doubt be given to medical organization in this country by the experience reported at the 1903 meeting that New Orleans should remain, after the echoes of that memorable occasion shall have died away, the envy and the example of the great cities who shall wish to hold these conventions in the years to come, and for ourselves and especially the medical part of this community we shall not need to console ourselves for indifference, but will be able to utter with heartfelt gratification the well known words of Virgil—

*“Haec olim meminisse juvabit.”*

New spirit will be infused into our profession, new incentives will be given and much mutual benefit will result from this rubbing up with the master minds of medicine of all the great centres of this Union. Here will be, too, our grand opportunity, and we shall, indeed, show our lack of foresight if now we fail to grasp it. Many of the New Orleans profession remember with much pleasure and profit the meeting in this city in 1884; but that was eighteen years ago, and the body has changed materially and medicine has changed. Let us then be up and doing and show the world, as we can easily do,

“How dull it is to pause, to make an end,  
To rust unburnished, not to shine in use.”

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#### DOWN WITH THE MOSQUITOES!

We are under the impression that the people and even the profession of this section are not displaying a sufficiently lively interest in the mosquito question. As we have said before in



substance, granting that we consider as extremists those who accuse the insects of possessing the most dire possibilities for evil, it has been demonstrated beyond a doubt that they can be active agents in communicating at least one or two diseases; also, it is generally, if not cheerfully, conceded that they are perniciously energetic pests. On these two counts alone they are condemned and should perish.

Last year the City Board of Health attempted to experiment in a circumscribed locality with the use of oil in cisterns and other water containers, but met with enough opposition on the part of individuals to interfere with the test and render them hopeless of realizing any results. Changing tactics, they presented to the City Council since last spring an ordinance providing for the compulsory screening of cisterns and other receptacles for water in such manner as to exclude mosquitoes and consequently prevent their breeding.

The Orleans Parish Medical Society, under whose auspices such valuable studies and experiments were made concerning the mosquito and the propagation of disease, has twice put itself on record on this question. At the regular meeting held March 22, 1902, the following resolution was adopted :

“Resolved, That it is the sense of the Society that the mosquito is a menace to the health of the community and such measures should be adopted by the City Council as will aid the Board of Health in the extermination of this pest.”

This resolution was sent to the Committee on State Medicine and Legislation for the adoption of a more definite action, and at the meeting of April 12, 1902, this committee reported the following resolution, which was thereupon unanimously adopted by the Society :

“Resolved, That this committee thoroughly endorses the proposed anti-mosquito ordinance now pending in the Council and believes that it would be to the interest of the public health if the Council should pass it.”

Notwithstanding this official and emphatic action on the part of the two bodies most concerned and responsible for the health and comfort of the inhabitants of this city, nothing practical has yet been accomplished. The protests against the ordinance have been many and loud, though the only objection that can

be raised to this proposition is the cost of the screening. We understand that the ordinance is to be remodeled so as to try to meet the various objections of protestants.

We most earnestly urge our readers to make every endeavor to gain adherents among their clientèle for any anti-mosquito law that may be reasonable both in its provisions and in the expectations of success that may be based upon it.

Surely the cost on the average premises would be very slight, and in our opinion, would be amply repaid alone by the comfort derived, so that the advantage from the health standpoint would be all to the good. It would not be a bad idea for the health authorities to obtain estimates or bids for various kinds of screening to suit different styles and sizes of cisterns in order to be able to state to the public in a definite and authoritative manner what would be the expense of compliance with the ordinance. It is a great pity that there is not a fund available which would permit the screening of cisterns, within a certain radius best suited for the experiments, without cost to the individual property holders. An object lesson would be more valuable and would do more to neutralize opposition than any one thing else. The money expended would be a good investment and might even be refunded by the property holders if the experiment proved a success and the law ordaining screens were to pass. Our local Progressive Union and Exchanges are frequently called upon and respond in favor of schemes of far less importance to the community.

In default of any such aid our physicians should try to educate our law-makers and the general public on this mosquito question. Without departing from conservatism they can show sufficient reason for the destruction of the pests, even at the price of some trouble and the outlay of some money.

The mosquito must go.

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#### THE INTERNATIONAL MEDICAL CONGRESS.

The preliminary plans of the 1903 Congress to be held at Madrid next April are full of interest. The committees evidently realize the advantage of preparation and all efforts have been aimed at complete arrangements.

Dr. A. Jacoby, of New York, is the president for the United States, with Dr. J. H. Huddleston, of New York, as secretary.

We are satisfied that a great deal of interest will be elicited in the United States, but it is regrettable that the Congress should take place in April, at a time when so many men likely to attend will be prevented. The colleges do not close until May or June, and the Madrid Congress, besides, occurs in April, at a time sure to interfere with the meeting of the American Medical Association and the Congress of Physicians and Surgeons who meet usually in May, at Washington.

There must be some reason for the date of the meeting, and it is likely acceptable to the European contingent, but we of the United States shall regret a smaller representation than a fall meeting would insure. Most men in active practice, and even those who are teachers, find August and September the best months for vacation and usually are away at that time. The absence of any suggestion of these things, however, in the columns of our foreign exchanges or of our home medical journals argue that the date can not be postponed or changed.

We believe in International Congresses, and we believe in representation, and our commentary is only uttered in the hope of a consideration of it, at any rate, for future Congresses.



## Abstracts, Extracts and Miscellany.

### Department of General Surgery.

In charge of DR. F. W. PARHAM, assisted by DR. F. LARUE, New Orleans.

THE AMOUNT OF SMALL INTESTINE THAT MAY BE REMOVED WITHOUT FATAL RESULT.—August C. Bernays reports in the *Annals of Surgery* for June a remarkable case of intestinal surgery. For a sarcoma, so situated in the mesentery that it involved a large part of the distribution of the superior mesenteric artery, it became necessary to remove 119 inches or about 302 centimeters of the small intestine, the whole of the ilium, with the exception of a few inches next the cecum, together with a part of the jejunum. The patient made an uninterrupted recovery and seems to have remained well barring attacks of severe headache and vomiting spells which pass off under treatment with saline purgatives. This is the greatest length of intestine removed to date in America, though exceeded in Europe.\*

Considering the estimated measurements of such anatomists as Henle, Gegenbaur, Hollstein and Treves, and bearing in mind the great variations in the length of small intestines, Bernays is justified in concluding that in his case certainly over one-third and perhaps one-half the small intestine was taken away, and yet notwithstanding the patient forty days after the operation had gained twelve pounds. This case seems to confirm the statement of Trzebitzky based on twenty-eight consecutive resections in dogs, that in dogs resections of half the small intestines are quite well tolerated. Resections of two-thirds made such inroads on the chemical and mechanical processes of digestion that prolongation of life became impossible.

Senn as the result of extensive experiments concluded that one-third of the small intestine is about the degree of tolerance

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\* This is a greater length of intestine than that reported removed by Charles H. Peck (*New York Medical Record*, May 3, 1902), eight feet five and one half inches, or 101½ inches.

in dogs, whilst Monari goes much further, believing that he has proved that seven-eighths may be removed without important interference with the processes of metabolism and nutrition. Bernays is of the opinion that Senn is nearer the truth than Monari, but he thinks that Trzebitzky, who has done the largest number of animal experiments, is perhaps right in saying that one-half of the small intestine may be safely removed. This case of Bernays seems now to prove the correctness of Trzebitzky's conclusions. The article of Bernays is further enriched by a table of thirty-six cases, including cases in which from thirty-two inches to twelve feet two inches were resected. Probably the most remarkable case in the series is that of Ruggi's boy of eight years of age in whom 330 centimeters or 11 feet of small intestine were successfully removed, the boy remaining in good health one year later.

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## Department of Obstetrics and Gynecology.

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In charge of DR. P. MICHINARD, assisted by DR. C. J. MILLER  
New Orleans.

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THE OPERATIVE TREATMENT OF PROLAPSE OF THE VAGINA AND UTERUS.—An extensive review of an article contributed by Baumm to *Archiv für Gynäk.* appears in the *Journal of Obstetrics and Gynecology of the British Empire* for May.

The writer refers to the anatomical and static elements in the causation of prolapse, and discusses the relation of retroversion and flexion to uterine prolapse. He considers prolapse of the vagina alone to be very rare and slight. Küstner and others have maintained that, when the uterus is retroverted, its axis is in line with that of the vagina, instead of making a sharp angle with it; in this position abdominal pressure does not force the anterior uterine wall against the anterior vaginal wall, but carries the uterus like a plug into the vagina, folding the anterior vaginal wall on itself, and causing it to appear at the introitus vaginae. This belief determines the action of

those who consider a fastening of the uterus in a position of anteversion to be an essential part of any operation for prolapse. Some, however, consider retroversion to be secondary to the descent of the anterior vaginal wall, or hold, like Hegar, that any considerable retroflexion tends to hinder the development of prolapse. They, naturally, will not complicate their operations by any attempt to antevert the uterus. The writer holds that clinical observation cannot settle the point, which can only be determined by operative experience. He himself for some time combined vaginal fixation with anterior and posterior colporrhaphy and reported his results in 1897. There was recurrence in 30.7 per cent. of his operations. Whether these results were worse than those obtained by him before using vaginal fixation he has no figures to show. He has subsequently, however, operated for prolapse ninety-five times without any attempt to fix the uterus forward, and has followed eighty-six of the cases. In eight the immediate result was not satisfactory, and recurrence of prolapse quickly followed. Of the total, there was recurrence in 26 cases (30.2 per cent.), and permanent good results on 60 (69.8 per cent.). Comparing this with his previous figures, he concludes that in operation for prolapse it is a matter of indifference whether the uterus be fixed forward or left in a faulty position. The results of other operators when employing vaginal fixation for relief of prolapse are reviewed. Herff claims permanent cure in 78 per cent.; Schmidt obtained the same. Schultze operated on ten cases, in eight of which prolapse quickly followed.

A table follows in which are compared the results obtained by ventrofixation, the Alexander-Adams operation, fixation of the round ligaments in the vagina, and shortening by the Wertheim method. The results are variable. The Alexander-Adams operation comes out with only 33.3 per cent. cures. Other methods gave permanent relief in about 70 per cent. Another table gives results obtained by other operators without any attempt at fixation of the uterus. In simple cases 71.1 per cent. were cured by colporrhaphy and colpo-perineorrhaphy. In severe cases 75 per cent. of cures followed the same measures with the addition of amputation of the cervix. The causes of failure are next discussed. The more complete the prolapse, the more likely it is to occur. Parturition following operation, is a common, but by



no means universal cause of recurrence. The effect of the age of the patient is a point not yet sufficiently observed.

The author concludes that much laborious work has been done of late to improve the results of operation. Unfortunately, these efforts have not justified the hopes of their authors. We stand to day in the same position as after Hegar's first paper on the subject, an unpleasant, but valuable conclusion. It will prevent well meant but useless complications not free from danger, of vaginal plastic work.

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## Department of General Medicine.

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In charge of DR. E. M. DUPAQUIER, New Orleans.

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STATE OF CIRCULATION IN PNEUMONIA.—The modern physician in treating lobar pneumonia, beside the effort to control the pyrexia and nervous symptoms, is concerned chiefly in combating the almost always attending embarrassment of the circulatory system. It is only within the past few years that scientific attention has been directed to a clinical and experimental study of the physics of the circulation when its apparatus is being subjected to the detrimental effect of a pneumonic intoxication. Osler attributes little importance to the factor of mechanic obstruction, calling attention to the fact that the obstruction remains for some time after the crisis, despite a most remarkable change in the circulation, and he voiced the opinion of the majority of our clinicians when he stated that the circulatory failure in pneumonia is due to the action of the specific toxins on the centers and nerves of the heart. The sum of our knowledge of the state of the circulation in pneumonia is as follows:

The deleterious action of pneumonia on the circulation is primarily due to the accompanying toxemia, not to the fever *per se*, but may possibly be secondarily somewhat influenced by the mechanic obstruction. The toxemia produces this circulatory depression, not by poisoning the heart or the heart centers and nerves, but by directly poisoning the vasomotor centers in the

prolonged cord and thus producing a vascular dilatation. The heart is only affected late in pneumonia, and then because of its own deficient coronary circulation brought about by the abnormal distribution of the blood supply.

A. S. MASCHKE, M. D.—*The Cleveland Medical Journal*, May, 1902.

VASOMOTOR STIMULANTS IN PNEUMONIA.—In the collapse which we sometimes meet in pneumonia, with the surface cold and vessels relaxed, the condition is practically one of shock, *the toxins having depressed the vasomotor center*. Here the use of a vasodilator such as nitroglycerin would rather increase the existing depression and be a mistake. The tension of the vascular system as well as the condition of the heart should be considered, and such vasomotor stimulants as atropin and strychnin be preferred. Strychnin is a powerful stimulant to all centres in the medulla, and in the vasomotor depression so apt to occur during pneumonia, it is probably with atropin the best line of treatment for its relief. It is now recognized as of supreme importance to maintain the integrity of the vasomotor system in pneumonia and the vasomotor influence of atropin and the rapidity of its action renders it of especial value here. It is probable that the vasoconstrictor power of adrenalin would aid in the relief of the vascular paresis. MCGEE—Treatment of Pneumonia.—*Ibid*.

THE SUPPOSED INFECTIVITY OF DESQUAMATION IN SCARLET FEVER.—The following are the chief arguments against infection by desquamation. (*The Lancet*, No. 4101.)

1. There has never been any evidence to prove that scarlatina is thus propagated.
2. Infectivity is known to begin in advance of desquamation and to continue after it has ceased.
3. Scarlet fever wards abound in desquamating epidermis, but the disease does not extend through the immediate neighborhood.
4. There appears to be no connection between patients discharged during desquamation and "return-cases."

A series of 5 "return-cases" shows that the discharged patients who transmitted the disease, all had persistent nasal dis-

charge, save 1, who had an unhealed crack behind the ear. Of these 5 but 1 was still peeling. *Arch. of Pediatrics*, June, 1902.

(Similar views were published in the JOURNAL in the year 1900. See Measles and Small-pox in Children.—EDS.)

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## Department of Therapeutics.

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In charge of DR. J. A. STORCK, New Orleans.

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ATROPIN AS A SAFEGUARD IN CHLOROFORMIZATION.—In the course of a series of experiments on blood pressure, conducted by Dr. R. D. Rudolf at the University of Toronto, a special study was made of the action of atropin in conjunction with chloroform. First, as to the effect of atropin when administered previously to the giving of the anesthetic, and secondly, the antidotal action of atropin when given after poisoning from chloroform has occurred. Dr. Rudolf's experiments led to the conclusion: First, that the previous use of atropin lessens the tendency to death from chloroform poisoning in dogs. Theoretically, also, one might assume that from its powerful stimulating effect on the circulation it would, especially if combined with morphia, tend to lessen the chance of syncope occurring during, but not necessarily due to, chloroform administration. Second, that when, during the administration of chloroform, danger has occurred, either in the form of syncope or of respiratory failure, atropin in moderate doses (say  $\frac{1}{100}$  grain) would tend to stimulate both the circulation and the respiration, and hence would be a valuable adjunct to other means of saving life in such emergencies.—*American Medicine*, May 3, 1902.

HYDROGEN PEROXIDE IN TUBERCULOSIS.—Dr. Luton advocates the treatment of ulcerative phthisis, when cavities are present, with hydrogen dioxide. He has for years successfully employed the remedy in the cold abscesses of tuberculosis, injecting a combination of 1 part of peroxide and 3 parts of a 10 per cent. solution of sodium phosphate into the abscess cavity, to the extent of 1 dr. once or twice weekly.



Considering pulmonary cavities as analogous to the cold abscesses, the author began to experiment with the hydrogen peroxide in their treatment, using a mixture of 100 parts peroxide and 50 parts of a 20 per cent. solution of sodium phosphate. The combination is inhaled from an atomizer once or twice daily. The inhalations should be deep.

The action of this method is antiseptic and it is adapted only to the later, ulcerative stages of phthisis. The results obtained were excellent and encourage the adoption of the new method. —*Ibid.*

A MIXTURE FOR CHRONIC RHEUMATISM.—Dr. P. C. Layne recommends the following formula which he considers almost a specific for chronic rheumatism and its congeners, neuralgia, sciatica, etc. :

R̄ Ext. Zanthoxyli fl .....	℥i ℥ii
Ext. Asclepiades fl .....	
Ext. Dulcamaræ fl., áá .....	℥ss ℥i
Ext. Taraxaci fl .....	℥ii
Spir. Frumenti, q. s. ad .....	℥viii

Tablespoonful three times a day after meals.

—*Merck's Archives.*

HYDROGEN PEROXIDE IN PNEUMONIA.—Dr. M. Beshoar, who has been in active practice for forty-eight years, says that very early in his career he learned to look upon pneumonia as a specific disease for which he believed a specific treatment would soon be discovered; that practically no progress has been made in this direction he considers a stigma on scientific medicine. He states further that though in the Rocky Mountains, where he is practicing, the mortality from pneumonia has been much greater than in low altitudes, still he has lost no patient from that disease during the past few years, and his treatment has been hydrogen peroxide, with strychnin and Dover's powder as adjuvants. He mixes the peroxide with two volumes of water, and of this he gives teaspoonful doses, adhering to the following program: Every five minutes for the first three doses; every ten minutes for three doses; every fifteen minutes for three doses; then every twenty minutes for three doses; after that a teaspoonful every half hour, during sleeping as well as waking hours. Under this treatment he expects convalescence in from eighteen to forty-eight hours. It may be objected that

the peroxide will expand itself in the secretions of the stomach. No doubt it will, so long as there is morbid material to be oxidized; but when oxidation is completed the author believes that the peroxide is absorbed and taken into the circulation as such, and goes partly to oxidize the venous blood and partly to act as a bactericide. The only inconvenience caused by this free use of the peroxide is a sense of fulness of the stomach, patients frequently declaring that their stomachs are so full that there is no room for more. With a little persuasion, however, they can be induced to continue the treatment as long as deemed necessary. —*Southern Practitioner—Merck's Archives.*

SNAKE VENOM IN RELATION TO HEMOLYSIS.—The conclusions reached by Simon Flexner and Hidego Noguchi in their study of the lytic action of venoms, are as follows: 1. Venom contains principles which are agglutinating and dissolving for white blood corpuscles. 2. The agglutinating principles may be identical for both white and red cells. 3. The dissolving principle for leukocytes is distinct from that for red cells. 4. In order that solution of venomized leukocytes shall occur, a complement-containing (alexin-containing) fluid is required. 5. The several varieties of rabbits' blood show different susceptibilities to the action of venom. 6. The neurotoxic and hemolytic principles are physiologically distinct. 7. While the chief toxic constituent unites with the nerve cells, in multiple minimal, lethal dose, from which the neurotoxic principle has been removed, a quantity of hemolysin may be contained sufficient to bring about fatal intoxication. 8. All venoms, when used in suitable quantities, destroy the bactericidal properties of many normal blood serums. 9. The manner of this destruction may be noticed in from two to five minutes. The serum and cells, after being well stirred in a watch glass with a glass rod, soon show evidence of the beginning of the characteristic reaction when the mixture runs from side to side. Instead of appearing homogeneous, the mixture shows many light spots in which there is serum, but no cells. These spots increase in number and size and it is soon evident that the cells are becoming separated from the serum in the form of a comparatively close meshed network. The red cells are found closely packed together in large masses, and no longer have the rouleaux distribution. They have

undergone a change in consistency, rendering them more plastic than normal, as shown by the distortion resulting from pressure of the cover-glass. The reaction may be observed with the unaided eye when the test is made on a watch-glass or cover-glass. Herter found the reaction in nearly one-third of all the cases in which the blood was subjected to this test.—*American Medicine*, May 3, 1902.

**YEAST IN THE TREATMENT OF SMALL-POX.**—The favorable results obtained from yeast in furunculosis suggested to Dr. S. Petri the employment of the same substance in small-pox. Two patients about forty years of age, who had not been vaccinated since childhood and who were attacked with a very confluent form of variola, were treated with fresh beer-yeast, in teaspoonful doses, five to six times a day. No other treatment was employed. The pustules dried up rapidly, without the formation of any pitting and there was no further fever or suppuration. Basing himself on these two cases, the writer suggests the employment of yeast not only as a curative agent, but also as an abortive. He believes the disease might be aborted if the yeast were administered at the first appearance of any symptoms.—*La. Sem. Méd.*—*Merck's Archives*.

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## Department of the Ear, Nose and Throat.

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IN charge of DR. A. W. DEROLDES, M. D., and DR. GORDON KING, M. D., NEW ORLEANS.

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**TREATMENT OF ATROPHIC FETID RHINITIS BY INTERSTITIAL INJECTIONS OF PARAFIN.**—Dr. A. Brindel, of Bordeaux, that indefatigable and ingenious investigator, has made the experiment of applying the parafin injection idea recently brought out by Gersuny and Eckstein, to the treatment of that most obstinate and repugnant of nasal affections, atrophic rhinitis. The results he has obtained, as demonstrated by the cases reported in his article on the subject, have been of the most encouraging nature and the method undoubtedly warrants all earnest consideration. Of the many new remedies that have been



extolled at different times as being curative of this rebellious disease, all have proven disappointing sooner or later, and the average practitioner contents himself with such treatment as gives relief to the disagreeable symptoms and discomforts of the malady. If further experience, therefore, in this new line of therapy bears out the fortunate experience of our French confrère, the science of rhinology will have gained indeed a great victory over an old and unrelenting enemy.

After observing the method of Gersuny of parafin injections as applied to prosthetic surgery, Brindel conceived the idea of employing the injection of parafin to reconstruct the atrophied turbinates in cases of atrophic rhinitis, and thus to favor the expulsion of the decomposing secretions, and perhaps to modify the character and quantity of the secretion as well. The practical results obtained when this was done were even more encouraging than anticipated and not only was the desired mechanical result very effective, but the morbid secretions as well underwent a marked and rapid change for the better, and the ozena and scab formation disappeared.

In ten cases recorded a practical cure was obtained in every one and by the injection alone of parafin into the turbinates.

The technic consists in injecting into the inferior turbinates two to three cubic centimetres of the parafin mixture recommended by Eckstein, heated to a degree to permit of its easy injection with a large hypodermic syringe, such as is used for diphtheria antitoxin. The injection with the aid of cocain is painless and followed by no ill effects. In two of the author's cases a phlebitis of the facial vein was set up by the procedure, but passed off without serious consequence. This was attributed to the injection of too large a quantity of parafin at one time. Whether the results obtained will prove to be permanent can only be determined by future observation of the cases so treated.—*Revue Hebdom. de Laryngologie*, No. 25, June 21, 1902.

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## Miscellaneous.

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INDICATIONS FOR, AND TECHNIC OF, OPERATION FOR NEPHROPTOSIS.—The importance of nephroptosis as a factor in producing renal disease and also disease of the female pelvic organs was

emphasized by the author who thinks this not generally appreciated, or the utility of nephropexy would be more universally recognized.

Nephropexy may be regarded as a fad of the surgeon by those who have not investigated the subject carefully, but he thought the surgeon the better judge of the necessity for operation because he saw these kidneys exposed on the operating table and could observe the structural change that resulted in consequence of prolonged congestion or obstruction of the ureter due to prolapse.

In a former contribution he had shown that nephroptosis causes disease of the female pelvic organs by compressing the ovarian vein and interfering with the return circulation from the pelvis. In this alone he thought was to be found justification for considering this a grave condition, entitled to be placed beyond the pale of palliative treatment.

Such diseases of the kidney as would result from prolonged congestion of the organ or obstruction of the ureter, were to be found in prolapse of the third or fourth degree. Hence in nephroptosis, when long neglected, the kidney may be affected by nephritis, perinephritis, pyelo-nephritis, hydro-nephrosis and atrophy. Extravasations under the fibrous capsule and between it and the fatty capsule are also met with in cases of long standing.

Operation was not advised for prolapse of the first or second degree, except when the left kidney was found to be in the second degree of prolapse at the time of operation on the right kidney; then the left kidney should be fixed at the same time to obviate the necessity for a second operation later which would surely be required, because prolapse of that degree is inevitably progressive.

For nephroptosis of the third degree or beyond, operation is necessary, because of liability to disease of the kidney resulting at any time, and because of its influence upon the female pelvic organs.

He thought it unnecessary and unwise to deprive the kidney of its protecting fibrous capsule or to transfix its structure with sutures or muscular bands. Firm adhesion of the kidney with its fibrous capsule intact could be secured, if it is held for a sufficient length of time immovably in contact with the exposed

muscles of the back. This can be accomplished by inserting the sustaining sutures under the fibrous capsule only in such manner that its resisting power is utilized to the best advantage.

Two sutures of silk-worm gut are employed; one having three insertions under the fibrous capsule of a half inch in length each, and the other two insertions of the same length. They are brought out through the structures of the back at the upper angle of the wound just below the last rib and are tied over a small flat pad of gauze to prevent cutting and loosening of the suture loop which would permit the kidney to sag and destroy the chance of adhesion. These sutures are not removed until just as the patient is ready to get out of bed, three weeks after operation.

The author has operated upon 109 cases by this method, in 27 of which both kidneys were fixed at the same time, making a total of 136 nephropexies without a death and without any complication following. So far as he has been able to ascertain there have been no relapses in any of his cases.—Abstract of a paper by Augustin H. Goelet, M. D., of New York, read at the First Annual Meeting of the American Urological Association, at Saratoga, N. Y., June, 1902.

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## Society Proceedings.

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### Orleans Parish Medical Society.

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MEETING OF JUNE 14, 1902.

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DR. NELKEN read a paper on *A Case of Chronic Eczema in a Child, with Complicating Asthma.*

#### DISCUSSION.

DR. ROUSSEL: All cases of eczema are interesting, for several reasons, 1st: Great frequency. Eczema comprises one-third of all skin diseases. 2nd: Lack of knowledge as to the



cause. Such cases were frequent in stout children. They occurred but rarely in those not of the gouty diathesis. As a rule, they are of long standing and are manifestations of faulty elimination. The best treatment, therefore, is by favoring elimination and by employing kerato-plastic agents, salicylic acid, bichloride, etc. He preferred alkaline lotions to ointments; the latter were bad. He considered calamin and zinc oxide with magnesium carbonate or calcium hydrate best. He did not believe that eczema was ever caused *de novo* by toxic agents in the blood, and did not think that asthma ever complicated eczema. It might, however, be intercurrent. It was not known whether eczematous lesions occur in respiratory tract. For purgation he preferred calomel, next sulphate of soda. Opium did harm in all skin troubles. Where a narcotic was needed he employed amylene hydrate or paraldehyde, as these did not interfere with emunctories.

DR. BLUM inquired of Dr. Roussel whether he gave sodium sulphate during a long period of time. Bad results, such as neurasthenia, had sometimes followed such administrations.

DR. PARHAM asked whether the amount of urine voided by the patient had been deficient. The history of the case suggested the possibility of renal trouble.

DR. MAGRUDER had seen the case with Dr. Nelken. Lack of hoarseness, sinking of supraclavicular regions, and the presence of râles, serve to point to the thorax rather than to the larynx as the seat of the trouble. He did not consider that the eczema had anything to do with the asthmatic attack; the marked relief caused by 1-30 of a grain of morphin seem to indicate this.

DR. ROUSSEL, in reply to Dr. Blum, said that he had never seen bad results following the continued administration of sulphate of soda.

DR. ASHER knew of a case where sulphate of soda had been given for over three years without bad effects. Working with opium sometimes produced urticarious lesions.

DR. SEXTON wished to call attention to the indiscriminate use of opiates. This child had been fed on soothing syrup and papain. He believed that the habit finally resulted in chronic constipation and auto-infection. Phosphate of soda was the best eliminant of uric acid and this might have been an ele-

ment in this case. Also, he gave it in solutions in citric acid in order to get one grain to the drop of solution. Locally, he employed, in eczema, salicylic acid and dilute solution of bichloride, as strong solutions aggravated instead of benefited the case. He preferred lotions to ointments because they were cleaner, and ointments seemed to make the weeping variety spread to adjacent healthy tissue.

DR. NELKEN, in closing the discussion, said that eczema assumed many distinct forms, each of which required a different treatment. For dry scaling lesions, he favored ointments and considered tar a most valuable remedy. The authorities consulted (Starr and Keating) bore him out in saying that asthma not infrequently complicated eczema. The urine of his patient had shown no abnormalities. He did not consider syphilis a possible cause in this case.

DR. STORCK presented a patient with *abdominal aneurism*, with digestive disturbance. The patient, white male, 37 years years of age, had had chancre 17 years ago and had felt the pulsation for the past six months.

DR. PARHAM reported a case of *abdominal tumor* which he had removed by laparotomy at the Touro Infirmary. The tumor was high in the right flank and was fixed, *i. e.*, immovable apparently. The patient had temperature as high as 102 deg. There were two fibroid masses on either side of the uterus. The possibility of ectopic gestation had been considered. On the table, just before the operation, the tumor was movable and could be pushed beyond the median line. Supravaginal hysterectomy was done and the abdomen was closed. Examination of the tumor revealed a pregnant uterus. The case might have been treated by enucleation of the fibroids, but the patient could not have gone to term with the tumors.

DR. MARTIN recalled a case on whom he had operated with Dr. Batchelor for fibroid. Patient had not menstruated for a year. The tumor was the size of a cocoanut and inclosed a foetus which was in the form of a flat roll, and when unwound was about eight inches long. The patient was a syphilitic subject and he believed this accounted for the condition.

DR. SEXTON reported a case of *femoral aneurism*. The patient was 60 years old and the aneurism had been caused by traumatism, gunshot wound, 22 years ago. There was no his-

tory of syphilis. Up to a year ago he rode horseback very extensively. There was marked bruit over the tumor, which was oblong and in the upper part of the thigh. Nothing had been done for him as yet. The difficulty was the age of the patient, and that the aneurism was only three inches from Poupart's ligament; was afraid to tie femoral on account of risk of gangrene.

DR. PARHAM had had a case in which an operation for the radical cure of hernia had been necessary following the ligation of the external iliacs for bilateral femoral aneurism. A point of interest in this case was that there had been, following the ligation of the arteries, a slight gangrene of one heel and none of the other.

At the request of DR. CLARK, DR. MATAS stated the *method of treating aneurism in his clinic*. The operation proposed is applicable to all aneurisms in which there is a distinct sac and the cardiac end of the main artery of supply can be controlled. It can be briefly described as follows: (1) Control of the circulation in the sac by means of the Esmarch bandage and constrictor or by a tourniquet. Prophylactic hemostasis may also be obtained, but less satisfactorily by temporary compression of the parent trunk at a point close to the cardiac pole of the tumor; this temporary compression may be effectively applied by a provisional traction loop passed under the artery or by the finger of an assistant, or by properly adjusted clamps which will not exercise an injurious pressure upon the tunics of the artery. (2) Free incision into the sac extending from one extremity of the tumor to the other, and evacuation of all clots, so as to expose all the openings or arterial orifices which open into the sac. (3) Obliteration of these orifices by continued or uninterrupted sutures with chromicized catgut or fine kangaroo tendon introduced with a curved round needle on the Lembert plan. (4) Re-enforcement of the first plane of sutures by an additional row of sutures, preferably continued and applied on the Lembert plan, so as to protect against leakage and also to reduce the capacity of the sac. (5) Inversion or infolding of the walls of the sac together with the overlying skin so as to completely obliterate the cavity by bringing the walls in perfect apposition with the floor of the aneurismal space. The skin, which is usually relaxed after the evacuation of the aneurism, forms two flaps, which are adherent to the sac and are



readily sutured to the bottom of the cavity by uninterrupted catgut sutures.

In large aneurisms, the obliteration of the cavity is further effected, and the formation of dead spaces between the inverted sac walls is prevented by deep chromicized catgut or silk worm sutures, which are passed through all of the walls of the sac, including the skin, and are tied over small rollers or pads of aseptic gauze. When the operation is completed, the aneurismal cavity is entirely obliterated without disturbing, in any manner, the sac from its bed or interfering with its relations, or with the collateral circulation. At the site of the bulging tumor which previously existed there is a depression varying in depth according to the size of the original sac and presenting the appearance of an inverted hollow cone or ovoid. As no exposed or raw surfaces are left in view and the apposition of the skin is complete, there is no need for drainage and union *per primam* can be confidently expected, thus greatly abbreviating the duration of the after treatment. A simple sterile dressing is applied and the limb is immobilized with plaster-of-paris, if the wound is at the flexure of a joint, or by a suitable splint after a sufficient padding had been applied to protect the parts from undue pressure or exposure to cold. In applying this modified procedure, two distinct varieties of aneurismal sacs must be kept in mind. In one type, the most frequent, the sac is elongated, fusiform or ovoidal in shape and shows on opening two main orifices which correspond to the inlet and outlet of the main artery; these openings are usually separated by a short interspace of variable length, which is frequently grooved and represents the continuation or floor of the parent vessel. In this variety of aneurism the sutures entirely obliterate the openings, together with the floor of the sac, as the continuity of the artery has been lost by merging with the walls of the aneurism. In the second type, the true saccular aneurisms, the sac is simply grafted upon a nearly complete artery. In this type the main artery communicates with the sac by a single opening, which is either saccular or ovoidal in shape. In this class of cases it is quite possible in dealing with the larger vessels, such as the iliac, femoral or popliteal, axillary, brachial, subclavian or carotid, to obliterate the orifice of communication by suturing its edges, leaving the lumen of the vessel still open and pervious. This is an ideal

mode of restoring the artery to a comparatively normal state, because the aneurismal lesion is simply eliminated by obliteration without interfering with the circulation of the arterial trunks which supply it. The larger the caliber of the diseased or injured vessel, the greater the chances of obtaining this ideal restitution, which should always be borne in mind in applying this method. The author's experience with this operation is limited to four cases, which illustrate the most common types of peripheral aneurism of the brachial, one femoral and one popliteal; all successful and all terminating in uneventful recoveries. The advantages claimed for this operation over the classical procedure are: (1) It greatly simplifies the technic and by confining the intervention to the interior of the aneurismal sac reduces the risk of traumatism to a minimum; (2) it eliminates the ligature altogether and does not endanger the nerves and veins and other structures in intimate relation with the aneurismal sac; (3) it does not disturb the collateral circulation and thus reduces the danger of gangrene to a minimum; (4) it is capable in favorable cases of obliterating and curing the aneurism without obstructing the circulation of the main artery with which it is connected by simply suturing the orifice of communication; (5) as it simply obliterates the aneurism by lining the cavity with the overlying skin it favors prompt healing *per primam* and thus greatly abbreviates the period of convalescence.

DR. PARHAM questioned the advisability of putting sutures into an already diseased vessel wall. He believed that the proposed method involved more traumatism than ligature above and below and packing. He did not admit that the collateral circulation was disturbed less by Dr. Matas' method than by the older one.

DR. MARTIN inquired whether immediate union followed approximation of the vessel walls.

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#### MEETING JUNE 28, 1902.

DR. PARHAM exhibited a case of *epithelium of the lower eyelid treated by X-Rays*. Treatment began April 1. Diagnosis had been confirmed by pathologist. The disease had practically obliterated lower eyelid and had worked its way up to con-

conjunctiva of eyeball and around the outer canthus on to the upper lid. Exposures had been made at first at a distance of four inches from the anode (target), later they were made closer. Three and a half inches had been the average distance. Exposures were made at first every day, but for the greater part of the time, every other day, and occasionally several days intervened. Patient still had a small ulcerated spot on conjunctival surface of lower lid. He was almost entirely well. This result was far better than any surgical operation could have accomplished. He was indebted to Dr. Perkins for carrying out the treatment in this case.

With the consent of Dr. Fenner, Dr. Parham exhibited a second case, most probably *Hodgkin's disease*, which had been very much improved by the use of X-Rays. Exposures had been made every day, first for five minutes and gradually increased to twenty minutes, at six inches distance. No dermatitis had occurred. The evidences of improvement were: Diminution in size, change in character of swelling, the glands being now felt singly, and marked constitutional improvement. He also exhibited pictures of other cases cured by X-Rays: Rodent ulcer, lupus, keloid (which began to yield only after eighty applications), epithelioma of nose, round-celled sarcoma, etc. These photographs were of cases collected from the literature.

DR. PARHAM called attention to the question of responsibility of the doctor in cases where X-Rays are applied for diagnostic purposes and in cases where they are applied therapeutically. From the nature of the case the patient generally divided the responsibility in therapeutic applications, but certainly where they were employed diagnostically and wisely, also where therapeutically employed, it was well to lay the matter clearly before the patient beforehand. He agreed with Williams that it was not necessary to cause a dermatitis in order to get the therapeutic effect. But, at the same time, it was difficult to gauge the rays so as to avoid the dermatitis. What we should aim at was something short of a dermatitis. A standard rule he recommended for adoption was that of Cadman, that at first the distance should not be less than six inches and the exposure not longer than ten minutes, until the susceptibility of the person could be gauged. He called attention to the fact that in



the case exhibited the eye had escaped damage during the numerous exposures to the rays.

Perhaps the immunity had been due to the salty fluid in which the eye was constantly bathed, since it was known that salt solutions were penetrated with difficulty.

DR. S. M. D. CLARK had made a preliminary report at the Shreveport meeting of the State Medical Society on sixteen cases, which he had been treating with X-Rays in conjunction with Dr. Smyth. No case had been entirely cured, but all were showing very great improvement. First exposure November 3, upon suggestion of Dr. Matas. At present, they had twenty-two cases under treatment; among them were cases of Hodgkin's disease, carcinoma of the breast, carcinoma of the back, epithelioma of the face, etc. One case was that of a scar of the tibia, following osteo-myelitis, which had been adherent and very painful. After twenty-five exposures, it was now almost entirely free and little painful. The pain in all cases had been much relieved, even after only a few exposures. The distance had varied from fifteen inches to one inch, according to the susceptibility of the patient and according to the tube used. Lately, for the past ten days, he had been using paraffin paper instead of tinfoil, in order to protect the healthy parts which it was not desired to expose to the influence of the X-Rays. The paper had given very satisfactory results.

DR. SMYTH had begun on October 1 to use X-Rays for therapeutic purposes. He had done so at the instance of Dr. Matas, to whom the credit belonged, of having been the first in this city to employ this valuable therapeutic agent. Some authorities had said that there had been no shrinking in scars after the use of X-Rays, but in his first case (which was much improved), shrinking had occurred. The relief of pain had been complete in all cases after from three to seven exposures, and bleeding from malignant disease had been checked in the same time. He had found that the static machine did not burn as readily as the coil.

DR. PERKINS had used to prevent unnecessary exposure of surrounding parts, three pound lead foil, etc. Heavy lead was unnecessary; the rays were shut off by one layer of lead foil, such as could be procured for about twenty or thirty cents a pound. He had suffered from X-Ray burns himself, that

had resembled a mild sunburn. A pasteboard box covered with lead foil, with an opening, made an efficient screen. In a case of carcinoma of the tonsil, he had employed a pasteboard screen covered with tinfoil and a glass tube lined with it. In this case, the pain and hemorrhage and indescribable fetid odor had been done away with. The patient now slept and ate well.

DR. CLARK remarked that they were now treating at the office a case of leucoderma with X-Rays, which was said to have a tendency to cause deposit of pigment. They hoped to make a complete report upon most of the work in the next few months.

DR. PARHAM wished to lay stress upon the relief of pain by X-Rays. Even those patients who had been taking opium seemed sometimes to be more signally relieved by X-Rays than by the opium. Edison, in 1896, had noticed the anesthetic effects of the rays. As to burns, it was in his opinion the tube rather than the source of the current that was responsible. Tubes of low vacuum (small penetrating power) burned more than those of high vacuum (great penetrating power). The coil had somewhat more tendency to burn than static machine, but he had seen several burns from the latter. He did not expect much effect in treating deep-seated diseases, *e. g.*, cancer of the stomach. It was doubtful, in the present state of our knowledge, whether we could so regulate the rays as to get deep effects without superficial ones. However, it must be remarked that the greater the penetrating power of the rays, the less tendency there was to superficial burns.

#### RELATION OF CASES.

DR. PARHAM related the case of a patient (referred to him by Dr. Terrett, of Natchitoches), who had been suffering with intense jaundice since January. He had expected to find obstruction of the common bile duct, due, perhaps, to gall stone impaction or to compression by malignant disease of the common duct. An incision had been made in the right semilunar line and the peritoneum opened. Gall bladder was moderately distended. No stones present. There was a mass in the pyloric region involving the stomach, pancreas and gastrohepatic omentum and duodenum. Dr. Terrett had suggested that there might be an impaction of gall stones, but, on cutting down into

the mass, no stones were found. The deeper structure was of the same malignant character. If X-Rays could exert any power in such a case, where anastomosis was out of the question, a new field, now occupied by the opprobria of surgery, would be opened up.

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## American Medical Association Notes.

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NEXT MEETING NEW ORLEANS, MAY 5 TO 8, 1903.

GENERAL OFFICERS OF THE ASSOCIATION 1902-1903—President, Frank Billings, Chicago, Ill.; First Vice President, J. A. Witherspoon, Tennessee; Second Vice President, G. F. Comstock, New York; Third Vice President, C. R. Holmes, Ohio; Fourth Vice President, James H. Dunn, Minnesota; Secretary-Editor, George H. Simmons, Chicago, Ill.; Treasurer, Henry P. Newman, Chicago, Ill.; Chairman of Committee of Arrangements, Isadore Dyer, New Orleans, La.

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THE NEW ORLEANS MEMBERS OF THE ASSOCIATION met July 22 and passed the following resolutions in addition to discussing general plans for meeting next May:

At a special meeting of members of the American Medical Association, residing in New Orleans, called to consider arrangements for the 1903 meeting of the Association, it was resolved:

That the selection of Dr. Isadore Dyer as Chairman of the Committee of Arrangements is cordially endorsed;

That everything possible shall be done to assist the Committee of Arrangements in making this meeting one of the most successful in its history, and to demonstrate that the reputation of New Orleans for open-handed hospitality is well founded.

[Signed]

F. W. PARHAM, M. D.,  
Chairman;

E. S. LEWIS, M. D.,  
H. B. GESSNER, M. D.,  
Committee.

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MEMBERS OF THE LOUISIANA STATE MEDICAL SOCIETY and of the Orleans Parish Medical Society, in good standing, are eligible to membership in the Association upon application



endorsed by the president and secretary of the Society of which they are members. This blank with five dollars is then to be sent to Dr. Henry P. Newman, treasurer, 103 State street, Chicago. Blanks may be had from the secretary of the Orleans Parish or the State Society, or from Dr. Dyer, chairman, Committee of Arrangements.

MEMBERS OF THE AMERICAN MEDICAL ASSOCIATION, residents of New Orleans, are as follows:

Dr. P. E. Archinard,	Dr. Otto Joachim,	Dr. J. C. Miller,
Dr. J. D. Bloom,	Dr. Q. Kohnke,	Dr. G. M. Monette,
Dr. S. E. Chaillé,	Dr. W. Kohlman,	Dr. J. F. Oechsner,
Dr. I. M. Cline,	Dr. C. Landfried,	Dr. F. W. Parham,
Dr. O. Czarnowski,	Dr. F. A. Larue,	Dr. W. M. Perkins,
Dr. T. S. Dabney,	Dr. J. Laurans,	Dr. L. De Poorter,
Dr. S. P. Delaup,	Dr. L. G. LeBeuf,	Dr. L. F. Reynaud,
Dr. F. Formento,	Dr. I. I. Lemann,	Dr. A. W. de Roaldes,
Dr. S. M. Fortier,	Dr. E. S. Lewis,	Dr. J. N. Roussel,
Dr. G. J. Friedrichs,	Dr. S. Logan,	Dr. R. W. Salter,
Dr. A. B. Gaudet,	Dr. P. B. McCutcheon,	Dr. W. Scheppegegrell,
Dr. P. Gelpi,	Dr. M. H. McGuire,	Dr. L. Sexton,
Dr. H. B. Gessner,	Dr. R. J. Mainegra,	Dr. E. Souchon,
Dr. E. J. Graner,	Dr. L. J. Maloney,	Dr. L. A. Wailes,
Dr. S. L. Henry,	Dr. R. Matas,	Dr. A. Weber.
Dr. R. Hopkins,		

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## Louisiana State Medical Society Notes.

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Next meeting in New Orleans, Tuesday, Wednesday and Thursday, April 28, 29 and 30, 1903. President, Dr. Isadore Dyer, New Orleans; Recording Secretary, Dr. Wm. M. Perkins, 163 University Place, New Orleans; Corresponding Secretary, Dr. A. G. Friedrichs, 641 St. Charles street, New Orleans; Treasurer, Dr. H. S. Cocram, 124 Baronne street, New Orleans; Chairman, Committee of Arrangements, L. G. LeBeuf, 124 Baronne street, New Orleans.

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MEMBERS IN ARREARS should remit at once to the recording secretary, Dr. Perkins, in order to receive the Transactions and and the JOURNAL, the official organ of the society.

THE PRESIDENT HAS APPOINTED THE FOLLOWING CHAIRMEN of sections and openers of discussion :

LIST OF SECTIONS WITH CHAIRMEN AND PARTICIPANTS APPOINTED  
BY THE PRESIDENT.

GENERAL MEDICINE.—Chairman, Dr. R. B. Paine, Mandeville. To open discussion, Dr. E. L. McGehee, New Orleans; Dr. J. F. Pigott, Covington; Dr. I. M. Callaway, Shreveport.

SURGERY.—Chairman, Dr. F. W. Parham, New Orleans. To open discussion, Dr. Randell Hunt, Dr. T. E. Schumpert, Shreveport; Dr. Felix A. Larue, New Orleans.

NEUROLOGY, INCLUDING MENTAL DISEASES.—Chairman, Dr. C. D. Simmons, Dutch Town. To open discussion, Dr. P. E. Archinard, New Orleans; Dr. G. A. B. Hayes, Jackson.

MATERIA MEDICA AND THERAPEUTICS.—Chairman, Dr. N. K. Vance, Shreveport. To open discussion, Dr. S. D. Porter, Moreauville; Dr. R. W. Seay, New Orleans.

DISEASES OF CHILDREN.—Chairman, Dr. E. M. Dupaquier, New Orleans. To open discussion, Dr. G. R. Fox, Moreauville; Dr. L. Abramson, Shreveport.

OBSTETRICS AND GYNECOLOGY.—Chairman, Dr. C. Jeff. Miller, New Orleans. To open discussion, Dr. F. S. Furman, Shreveport; Dr. R. C. Webb, Rayne; Dr. L. Perilliat, New Orleans.

GENITO-URINARY DISEASES.—Chairman, Dr. A. R. Trahan, Lafayette. To open discussion, Dr. Chas. Chassaingnac, New Orleans; Dr. T. P. Singletary, Baton Rouge.

DERMATOLOGY.—Chairman, Dr. J. N. Roussel, New Orleans. To open discussion, Dr. Ralph Hopkins, New Orleans.

OPHTHALMOLOGY.—Chairman, Dr. G. C. Chandler, Shreveport. To open discussion, Dr. R. W. Salter, New Orleans; Dr. J. R. Fridge, Baton Rouge.

OTOLOGY.—Dr. Gordon King, New Orleans. To open discussion, Dr. C. J. Landfried, New Orleans.

MEDICAL JURISPRUDENCE.—Chairman, Dr. Fred. J. Mayer, Scott. To open discussion, Dr. Q. Kohuke, New Orleans.

QUARANTINE.—Chairman, Dr. A. Nolte, New Orleans. To open discussion, Dr. F. M. Thornhill, Arcadia.

BACTERIOLOGY.—Chairman, Dr. O. L. Pothier, New Orleans. To open discussion, Dr. John J. Archinard, New Orleans.

ANATOMY AND PHYSIOLOGY.—Chairman, Dr. C. H. Irion, Benton. To open discussion, Dr. S. P. Delaup, New Orleans; Dr. H. L. Ducrocq, Lafourche Crossing.

SANITARY SCIENCE—Chairman, Dr. R. L. Randolph, Alexandria. To open discussion, Dr. G. F. Patton, New Orleans.

ORAL SURGERY.—Chairman, Dr. A. G. Friedrichs, New Orleans. To open discussion, Dr. Philip Asher and Dr. J. A. Storek, New Orleans.

THE PUBLICATION COMMITTEE expects to issue the Transactions by September 1. If they do it will be a record maker, as hitherto the Transactions have seldom appeared before January.

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## Medical News Items.

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MISSISSIPPI STATE MEDICAL EXAMINING BOARD.—The *Mississippi Medical Record* for June gives an interesting summary of the results of the examination of applicants for a license to practice medicine in the State of Mississippi. One hundred and fifty-three persons applied for examination; seventy-seven passed and seventy-six failed. Of the seventy-six who failed, forty-one were from the Memphis Hospital Medical College; twenty-one of these were graduates. Tulane passed eleven of fourteen applicants, and the three who failed were not graduates. It may be stated that Mississippi does not require a college diploma or other graduation evidence for the practice of medicine.

Simply as a matter of general interest to the medical profession of the South we think the list as submitted by the *Record* should be widely read, for it is now time that the standard of all medical colleges should be at least as high as that of State medical examining boards, whose chief purpose is not to disqualify but to ascertain by a fair test just the qualification of the intending licentiates.

A wholesome lesson must be drawn from the tables which the *Record* publishes without comment:

Memphis Hospital Medical College, passed, 37; failed, 41.

Tulane, passed, 11; failed, 3.



Louisville Medical College, passed, 7; failed, 4.

Atlanta College of Physicians and Surgeons, passed 6; failed, 4.

University of Nashville, passed, 3; failed, 5.

Vanderbilt, passed, 3; failed, 3.

Meharry (colored), passed, 1; failed, 4.

University of the South, passed, 1; failed, 3.

University of Virginia, passed, 1.

Chattanooga Medical College, passed, 1.

University of Tennessee, passed, none; failed, 1.

Kentucky School of Medicine, passed, 1.

University of Kentucky, passed, 2.

University of Louisville, passed, 1; failed, 1.

Mobile Medical College, passed, 1; failed, 1.

Barnes Medical College (St. Louis), passed, none; failed, 1.

University of Georgia, passed, none: failed, 1.

National University (Chicago), passed, none; failed, 1.

University of Illinois, passed, none; failed, 1.

Augusta Medical College, passed, none; failed, 1.

THE AMERICAN ROENTGEN RAY SOCIETY announces its next meeting to take place in Chicago, December 10 and 11, 1902. Any information desired may be had of the chairman of the committee of arrangements, Dr. Ralph R. Campbell, 414 Marquet Building, Chicago.

THE M. J. BREITENBACH COMPANY recently were adjudged damages and injunction against Henry Thayer & Co. in the matter of claims of abuse of copyrighted labels, wrappers, etc., used by the former. The judgment was farreaching and establishes the right of a concern to a particular style, printing, etc.

This is one of several judgments rendered against substitutes and those who make like remedies to profit by the reputation of an established concern.

AMERICAN GYNECOLOGY was to appear in July, with a list of collaborators both eminent and numerous. In the list we are pleased to note the names of Dr. J. D. Bloom, House Surgeon of Charity Hospital, New Orleans, and Dr. C. Jeff. Miller, assistant to the chair of gynecology in the New Orleans Polyclinic and on the collaborating staff of this JOURNAL.

THE INTERNATIONAL MEDICAL CONGRESS will hold its fourteenth annual meeting at Madrid, Spain, April 23-30, 1903. The preliminary program has been issued and it contains a list of the representatives from various countries, as defined by the Congress. The president of the Congress is Prof. Julian Calleja y Sanchez; secretary-general, Dr. Angel Fernandez-Caro. The president for the United States is Dr. A. Jacoby, New York, and the secretary, Dr. John H. Huddleston, New York, to whom all requests for information may be directed.

THE NATIONAL ASSOCIATION OF PENSION EXAMINING SURGEONS was organized June 9, 1902, at Saratoga. The large number of this branch of the medical fraternity demanded some organization, hence the above. The officers for the coming year are: President, Wm. A. Howe, M. D., Phelps, N. Y.; vice presidents, Wm. H. Hall, M. D., Saratoga; Cyrus L. Stevens, M. D., Athens, Pa.; Charles James Fox, M. D., Willimantic, Conn.; G. Law, M. D., Greeley, Col.; secretary, Wheelock Rider, M. D., Rochester, N. Y.; treasurer, Charles H. Glidden, M. D., Little Falls, N. Y.

THE MISSISSIPPI MEDICAL AND SURGICAL ASSOCIATION (colored) held a well attended meeting in Jackson, Miss., May 23 and 24.

THE NEW SURGEON GENERAL OF THE ARMY, Gen. Wm. H. Forwood, who has succeeded Gen. Sternberg as surgeon general of the army, was born in Delaware in 1838, and was educated in medicine at the University of Pennsylvania. His service has been long and honorable, including the civil war, Indian campaigns, the war with Spain, the insurrection in the Philippines and the expedition in China. He was twice brevetted during the civil war for "faithful and meritorious services." For many years after the civil war Gen. Forwood served on the western frontier, taking part in the campaigns against Indians. He served as surgeon and naturalist to the exploring expeditions sent through Wyoming, Montana and Idaho during the years 1881, 1882 and 1883. From December, 1898, to January, 1901, he was chief surgeon of the Department of California, and since that time he has been assistant to Surgeon General Sternberg, at the same time serving as president

of the Army Medical School. He is a recognized authority on military surgery, and has written many articles on this subject for standard text-books.

**APPOINTED SURGEON GENERAL.**—The President has designated Col. R. M. O'Reilly to be surgeon general of the army, to succeed General Forwood, who will retire on September 1 next.

Colonel O'Reilly will have until January, 1909, to serve as surgeon general. He was appointed from Pennsylvania as a medical cadet in 1864. He is a graduate of the medical department of the University of Pennsylvania.

**MARRIED.**—July 16, Dr. W. E. Van Zant, of Mandeville, La., and Miss Anna S. Hawkins, of this city.

**PERSONAL.**—Dr. H. S. Cocram, Dr. A. W. de Roaldes, Dr. F. Formento, Dr. Chas. Chassaignac are among the New Orleans physicians on vacation.

**A PARISH MEDICAL ASSOCIATION** was organized at Rayville, La., on July 9, with the following physicians present: H. F. Wilkin, H. B. Wren, Harry Jordan, Rayville; M. W. Wooten, W. D. Wheelless, Mangham; Oscar Chapman, Girard; Joe Brown, Boughton. Dr. H. F. Wilkin was elected president; Dr. O. Chapman, vice president; Dr. H. B. Wren, secretary.

**DIED.**—Dr. Jules V. Janin, aged 45, died July 6, in New Orleans. The remains were taken to Natchitoches and there interred.

Dr. J. B. Wilkinson died July 21, in New Orleans, at the home of his son, Dr. C. P. Wilkinson. Dr. Wilkinson was born in 1817, educated at the University of Virginia, and graduated in medicine at the University of Pennsylvania. Dr. Wilkinson was always prominent in State medicine and in professional relations, and the recollection of his services is still fresh in the minds of the generations following him. The *JOURNAL* expresses its sympathy with the bereaved family.

**THE DENVER COLLEGE OF MEDICINE AND THE GROSS MEDICAL COLLEGE** beg to announce to their alumni, friends and the public that they have united. The school will be known as the Denver and Gross College of Medicine, Medical Department of the University of Denver.



## Book Reviews and Notices.

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*All new publications sent to the JOURNAL will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the JOURNAL to review as many of the works received as possible, the editors will be guided by the space available and the merit of the respective publications. The acceptance of a book implies no obligation to review.*

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*A Text-Book of Physiological Chemistry for Students of Medicine and Physicians.* By CHARLES E. SIMON, M. D. Lea Brothers & Co., Philadelphia and New York, 1901.

This work is intended for the student and physician, but presupposes some knowledge of general chemistry. The first section sums up in a general way the origin and chemical composition of the three great classes of food stuffs; it also treats of the most common and important products of their decomposition.

Simon says of chlorophyl: "In itself, however, chlorophyl is incapable of bringing about those syntheses which are characteristic of vegetable life, and in the cells of the foliage of plants it occurs in combination with certain albuminous bodies in the form of so-called chlorophylic granules. These are apparently special elementary organisms and endowed with a power of locomotion analogous to that of amebæ and leucocytes, so that they can approach the surface of the leaf to seek the sunlight, or retreat, when this becomes too intense. \* \* \* Only its decomposition products, or at best, very impure forms, have apparently been obtained. Gautier, it is true, claims to have isolated the substance in crystalline form by methods which are calculated to avoid its chemical alteration. Others however, have not been successful in repeating his work."

In the second section the processes of digestion, resorption and excretion are dealt with. In regard to the ferments he reiterates an interesting and well-known fact.

"The most peculiar property of the ferments and the one which is characteristic of all, is the power to bring about an amount of chemical change which is out of all proportion to the quantity of the ferment present, while the ferment itself undergoes no apparent change. The common pepsin preparations of the market are thus of a strength that one part by weight of the pepsin will digest 6000 parts by weight of coagulated egg-albumen, and Pettit claims that a preparation from his laboratory was capable of dissolving even 500,000 times its weight of fibrin in seven hours. That the ferments themselves undergo no change while exerting their specific action can be readily shown, as it is possible to re-obtain them from the various digestive mixtures and to test their efficacy as before."

Regarding the action of drugs on the secretion of bile he writes:

"It was formerly thought that a number of drugs could increase the flow of the bile, and physicians were wont to administer cholagogues when they supposed that the secretion of bile was deficient. This view has now been abandoned, as it has been definitely established that drugs are without effect in this direction. The only cholagogue, indeed, if it may so be termed, is the bile itself. This is readily understood if we bear in mind that the bile is essentially an excretory product."

The third section is devoted to the chemical study of the elementary tissues and the various organs of the animal body, the specific products of their activity, and their relation to physiologic function.

The lucid manner in which Dr. Simon presents his subject lends a peculiar charm to his work, while his accurate and concise description of things and processes makes his work of inestimable value to the close student of physiological chemistry.

STORCK.

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*A Hand-Book of Appendicitis.* By A. J. OCHSNER, M. D. G. P. Englehard & Co., Chicago, 1902.

Any book or article on appendicitis written by a man who numbers his operated cases by the hundreds should be welcomed by the practitioner who honestly desires to know the best course to pursue when confronted by a case of appendicitis. So protean in its pathologic findings on the operating table is this disease that nothing connected with it can ever be considered hackneyed, for even in the plainest case the surprises to the operator are sometimes very great. To study best then the disease in all its phases, all well recorded experience is valuable, and such works as this little book of Ochsner's are to be particularly commended. The details of the operative treatment are clearly described, so that any one can easily get an understanding of the technique of the simple as well as of the complicated cases, but probably the most original feature of the work, as well as one of the most valuable, is the advice the author gives regarding those cases coming in the third category of Mynter's classification: Those marked by gangrene with perforation, and beginning or diffuse peritonitis. All such cases operated on later than the third day died. In other words many patients will be seen so late that operation promises nothing; indeed, is almost invariably fatal. In such cases Ochsner believes it is folly to operate. The best chance for a patient under such circumstances is to wait, but while waiting to do everything possible to stop peristalsis so that the peritonitis may be kept localized by the effecting of adhesions. This is to be accomplished by keeping the stomach empty, by denying food absolutely by mouth, by lavage, by rectal alimentation and refusal to give cathartics. Later, when the condition has been improved and adhesions are present, operation for the removal of the appendix may be safely undertaken. Our own experience endorses this advice. While we advocate prompt and energetic treatment in the early stages, there surely comes a time when a masterly inactivity is certainly to be commended as the safest course for the patient.

PARHAM.

*An Experimental and Clinical Research into Certain Problems relating to Surgical Operations.* By GEO. W. CRILE, A. M., M. D. J. B. Lippincott Co., Philadelphia.

This is the Alvarenga Prize, awarded Dr. Crile by the College of Physicians of Philadelphia. The research consisted of the effect of severing and of mechanically irritating the vagi; the effect of intravenous infusion of saline solution; the action of cocaine and eucain; the effect of temporary closure of the carotid arteries.

Most of these essays have appeared from time to time in current medical literature. As now collected they form a series of investigations of very great value to the surgeon and deserve careful study. PARHAM.

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*The Surgical Treatment of Disfigurements and Deformities of the Face.* By JOHN B. ROBERTS, A. M., M. D. Second edition. The Philadelphia Medical Publishing Co., 1901.

These are the Mütter lectures delivered by Dr. Roberts in 1900, with a chapter on the reconstruction of syphilitic noses added. The issuing of this second edition after so short an interval shows that these abstracts have been sought by the profession. They should be in the hands of all who do plastic surgery and will be useful to others because showing what can be done in the repair of deformities in even apparently hopeless cases.

PARHAM.

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*Atlas and Epitome of Operative Surgery.* By DR. OTTO ZUCKERKANDL, of Vienna. Second edition. Revised and enlarged and translated by J. CHALMERS D'ACOSTA, M. D. W. B. Saunders & Company. Philadelphia and London, 1902.

This excellent and very attractive manual of operative surgery is now well known to the medical profession. It deserves in every sense the popularity which it has won.

PARHAM.

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*A Manual of Minor Surgery and Bandaging.* By CHRISTOPHER HEATH, F. R. C. S., LL. D. Twelfth edition. Revised by BILTON POLLARD, F. R. C. S. P. Blakiston's Son & Co., Philadelphia.

We have seen this manual in various editions for many years past, and have always regarded it as an excellent guide to the student and practitioner in the practice of minor surgery. Many useful hints, such as tying ligatures and sutures, and numerous surgical wrinkles can be found in the pages of this little book.

PARHAM.

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*The Four Epochs of Woman's Life.* A study in Hygiene. By ANNA M. GAILBRAITH, M. D. With an Introductory Note by JOHN H. MUSSER, M. D. W. B. Saunders & Co., Philadelphia and London, 1901.

The author of this small book no doubt intended well towards the laity, but from a professional point of view it is so replete with inaccuracies as to make it unreliable.

MICHINARD.



*Manual of Child-bed Nursing with Notes on Infant Feeding.* By CHAS. JEWETT, A. M., M. D., etc. Fifth edition. E. B. Treat & Co., New York.

A short but practical aid for obstetric nurses, containing, besides the general principles of nursing the patient and her child, some instructions for the preparation of artificial foods. Brief but clear suggestions are made for the management of the birth in the absence of the physician. A short glossary is appended.

MICHINARD.

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## Publications Received.

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*Transactions of the American Pediatric Society*, Vol. XIII, 1902.

*Results Obtained in Havana from the Destruction of the Stegomyia Fasciata Infected by Yellow Fever—The Propagation of Yellow Fever*, by Major W. C. Gorgas, U. S. Army, 1902.

*Progressive Medicine*, Edited by Hobart Amory Hare, M. D., Vol. II, Lea Bros. & Co., Philadelphia and New York, 1902.

*Photographic Atlas of the Diseases of the Skin*, by Geo. Henry Fox, M. D., Part XII.—J. B. Lippincott Company, Philadelphia, London, 1902.

*Report of the Board of Control of the Leper Home*, 1902.

*Mineral Baths at Mt. Clements, Michigan*, by Richard Leuschner, 1902.

*The Practical Medicine Series of Year Books*, Vol. VI, *General Medicine*, Edited by Frank Billings, M. D.—The Year Book Publisher, Chicago, 1902.

*Text Book of Physiological and Pathological Chemistry*, by G. Bunge, Edited by Ernest H. Starling, M. D.—P. Blakiston's Son & Co., Philadelphia, 1902.

*Manual of Otology*, by Gorham Bacon, M. D.—Lea Bros. & Co., New York and Philadelphia, 1902.

*Tulane University of La. Register*, 1901-1902.

*A System of Physiologic Therapeutics*, edited by Solomon Solis Cohen, M. D.—P. Blakiston's Son & Co., Philadelphia, 1902.

*Cellular Toxins of the Chemical Factors in the Causation of Diseases*, by Victor C. Vaughan, M. D., and Frederick G. Novy, M. D.—Lea Bros. & Co., Philadelphia and New York, 1902.

*Report of Vital Statistics of the Cities Havana and Guanabacoa, May, 1902.*

*Monthly Report of the Board of Health for the Philippine Islands, March, 1902.*

*The Essentials of Histology*, by F. A. Schafer, LL. D., F. R. S.—Lea Bros. & Co., Philadelphia and New York, 1902.

*Mother and Child*, by Edward P. Davis, M. D.—J. B. Lippincott Company, Philadelphia, 1902.

*Treatise on Diseases of the Skin*, by Henry W. Stelwagon, M. D., Ph. D.—W. B. Saunders and Company, Philadelphia and London, 1902.

*Saunders' Medical Hand Atlases—Abdominal Hernias*, by D. George Sultan.—W. B. Saunders & Co., Philadelphia and London, 1902.

*Prompt Aid to the Injured*, by Alvah H. Doty.—D. Appleton & Co., New York, 1902.

## Reprints.

*Observations Upon Recent Methods of Treating Corneal Ulcers, with Especial Reference to the Use of Carbolic Acid as a not infrequent Substitute for the Actual Caутery*.—*Two New Instruments*, by Samuel Theobald, M. D.

*The Appendix Vermiformis and Cecum. A Comparative Study. Ligation of Arteries—Cocaine Anesthesia—Appendicitis*, by B. Merrill Ricketts, M. D.

*The Half-Hitch Suture: A New Suture for Use in Anterior Colporrhaphy, —The Ultimate Results of Nephrorrhaphy. The Treatment of Suppuration in the Uterine Appendages*, by Charles P. Noble, M. D.

*Personal Experience with Contused Gunshot and Stab Wounds of the Abdomen—The Vermiform Appendix as a Cause of Intestinal Obstruction*, by J. E. Summers, Jr., M. D.

*Puerperal Fevers—From a Surgeon's Standpoint*, by Emory Lanphear, M. D.

*The Complications of Phimosis with Treatment—Bowel Tube—Casts, with Report of a Case*, by Frederick Griffith, M. D.

*Voice Use and its Relation to Alcohol-Perforation of the Nasal Septum—Thuja Occidentalis—Treatment of Principal Defects of Speech. Remarks on the Study of Laryngology and Rhinology*, by James Moreau Brown, M. D.

*The Extermination of Specific Diseases*, by a Physician. The American Purity Alliance, New York.

## MORTUARY REPORT OF NEW ORLEANS.

(Computed from the Monthly Report of the Board of Health of the City of New Orleans.

FOR JUNE, 1902.

CAUSE.	White.	Colored.	Total.
Fever, Malarial.....	4	3	7
“ Scarlet.....	2	...	2
Diabetes.....	2	...	2
Leukemia.....	2	...	2
Aneamia.....	1	2	3
Sunstroke.....	3	4	7
Fever, Typhoid or Enteric.....	14	9	23
Locomotor Ataxia.....	1	...	1
Bronchitis.....	3	1	4
Diphtheria and Croup.....	3	...	3
Rheumatism and Gout.....	3	...	3
Broncho Pneumonia.....	1	...	1
Whooping Cough.....	...	1	1
Pneumonia.....	5	5	10
Cancer.....	13	4	17
Tuberculosis.....	37	53	90
Diarrhea (Enteritis).....	58	24	82
Dysentery.....	5	...	5
Hernia.....	4	...	4
Other Diseases of Intestines.....	2	...	2
Hepatic Cirrhosis.....	4	5	9
Peritonitis.....	4	...	4
Other Diseases of Liver.....	1	5	6
Debility, Senile.....	13	9	22
“ Infantile.....	6	3	9
Bright's Disease (Nephritis).....	25	18	43
Other Diseases of Urinary Organs.....	3	3	6
Heart, Diseases of.....	33	25	58
Puerperal Diseases.....	6	1	7
Congestion of Brain and Apoplexy.....	17	9	26
Meningitis.....	8	8	16
Gangrene.....	2	...	2
Trismus Nascentium.....	3	3	6
Injuries.....	29	17	46
Suicide.....	7	1	8
All Other Causes.....	46	33	79
TOTAL.....	370	246	616

Still-born Children—White, 23; colored, 18; total, 41.

Population of City (estimated)—White, 223,500; colored, 81,500; total, 305,000.

Death Rate per 1000 per annum for Month—White, 19.86; colored, 36.22; total, 24.23.

## METEOROLOGIC SUMMARY.

(U. S. Weather Bureau.)

Mean atmospheric pressure..... 29.94  
Mean temperature..... 83.  
Total precipitation..... 1.46 inches.  
Prevailing direction of wind, south.



# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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VOL. LV.

SEPTEMBER, 1902.

No. 3.

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## Original Articles.

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[No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. A complimentary edition of fifty reprints of his article will be furnished each contributor should he so desire. Any number of reprints may be had at reasonable rates if a WRITTEN order for the same accompany the paper.]

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### SPINAL ANALGESIA.\*

From notes on cases of his own and some of Dr. F. W. Parham's.

By WM. M. PERKINS, M. D., Clinical Assistant to the Chair of General and Operative Surgery, New Orleans Polyclinic; Ass't Demonstrator Operative Surgery, Tulane University; Recording Secretary Louisiana State Medical Society, etc., New Orleans.

In order that we may arrive at an intelligent conclusion as to the real and relative advantages and dangers of any surgical procedure, it is necessary to have the accumulated experience of reliable operators collected, tabulated and analyzed. In the writer's opinion, the time is not yet ripe for a definite conclusion as to spinal analgesia. Like many another scientific skyrocket, it has seemed to flash with increasing brilliance to a zenith, to burst into a dazzling corruscation of triumphant statistics, and now already to be fading from our wondering gaze. But this is by no means certain. While the procedure has no doubt been overestimated by its more zealous advocates, it should by no means be altogether cast aside.

Bier's conclusions from the study of 1200 cases, in which the usual method was used, led him to state that the procedure was unfit for general adoption. But last year he advised the use of an

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\* Read before the Louisiana State Medical Society, Shreveport Meeting, June 4, 1902.

elastic constrictor around the neck to obstruct the venous return to the heart, and thus raise the intra-cranial tension, believing that in this way the rapidity of diffusion of cocain from spinal to cranial fluids might be lessened. (So far the writer has seen no reports of apoplectic or other complications arising from excessive cerebral congestion, but is confidently awaiting the abandonment of Bier's elastic ligatures on these grounds.)

The table herewith submitted is not claimed to be complete, nor is it impossible that duplicate cases may have been recorded, but sufficient care has been taken to make it available for the deduction of some idea of the present status of spinal analgesia.

#### TABLE OF CASES OF SPINAL ANALGESIA.

COMPILED BY A. JACOBY, M. D., AND WM. M. PERKINS, M. D.

REFERENCE.	DATE.	REPORTED BY	No of Cases.	No of Deaths.
<i>Centralblatt d. Grenz Med. und Chirurgie</i> .....	April, 1901.....	Hahn.....	1708	8†
<i>Medical News</i> .....	April 13, 1901 .....	Meyer.....	4*	...
<i>Medical News</i> .....	May 4, 1901.....	Bainbridge .....	24	...
<i>N. Y. Academy of Medicine</i> .....	May 9, 1901.....	Larkin .....	1	1
<i>Philadelphia Med. J'nal</i> .....	July 6, 1901.....	McLean .....	25	...
<i>American Medicine</i> .....	Aug. 3, 1901.....	Morton .....	253	...
<i>Société de Chirurgie</i> .....	Aug. 3, 1901.....	Broca (Prouff) ..	1	1
<i>Société de Chirurgie</i> .....	Aug. 17, 1901.....	Bousquet .....	1	1
<i>Laryngoscope</i> .....	Aug., 1901.....	Payne .....	6	...
<i>Brazil Medico</i> .....	Sept. 1, 1901 .....	D'Almeida .....	1	1
<i>Rev. de Chirurgie</i> .....	Oct., 1901.....	Kalliozis .....	110	...
<i>Presse Medicale</i> .....	Oct. 30, 1901.....	Gunaul .....	50	...
<i>Muench Med. Woch.</i> .....	Jan. 28, 1902.....	Schwarz .....	100*	...
<i>Verbally</i> .....	June, 1901 .....	Delaup .....	30	...
<i>Academie de Medicine</i> .....	March 19, 1901..	Reclus.....	3	3†
<i>Echo Medical</i> .....	March 3, 1901..	Follet .....	1	1
<i>N. O. MED. &amp; SURG. J'NAL</i> .....	Sept., 1902.....	Parham & Perkins	27**	...
			2345	16

REMARKS.—† One each from Goilav, Tuffier, Dumont, Cavazzani, Foote, Lillenthal, Draghescu, Kocher.

‡ One each from Jonnesco, Juillard and Heumberg. He also reported cases of Goilav, Tuffier and Dumont, previously reported by Hahn.

|| No analgesia. Progressive collapse. Death on fifth day. Chloroform and operation on second day.

\* Tropicocain used.

\*\* Reported to La. State Medical Society, June 4, 1902.

It is the purpose of this paper to put on record twenty-seven cases of sub-arachnoid cocain injections for the use of the statistician. In looking over the more recent literature of the

subject, it is rather startling to note the apparent high mortality from this procedure, and thinking that this matter might interest the members of this society, a few figures are here submitted.

With the collaboration of Dr. Alfred Jacoby, of New Orleans, some 2345 cases—some in this country, some in Europe and South America—have been hastily collected, care being taken to avoid duplicating cases reported by different writers. With still more care the deaths reported have been noted so as to give no more than have actually occurred. Yet sixteen deaths are here collected, an apparent mortality of about 1 to 146, which is excessive as compared to any published statistics of any other well recognized means of producing analgesia. Let me again emphasize that definite conclusions cannot yet be drawn. Even as to the relative dangers of chloroform and ether we have as yet no definite, indisputable statistics.

The cases of spinal subarachnoid injections which are here briefly reported are for the most part from the Hospital Service and Sanitarium operations of Professor Parham, at whose request these data have been compiled. A few of the patients were injected by the writer, one by Dr. Jacoby, and the majority by Professor Parham himself. Twenty-seven cases are here tabulated, of which eighteen were satisfactory, seven partly satisfactory and two were failures. Cocain was used in all cases in this series, eucain B only being used in one case and even then followed by cocain. Two per cent. solutions were used in almost all the cases. The injections were from 10 to 40 minims, the total amount of drug varying from 1.5 grain to nearly 1 grain. The most frequently used injection was about ten or fifteen minims of a 2 per cent. solution of cocain muriate, containing 1.5 grain to 3-10 grain of the drug. The solutions were freshly boiled in many of the cases and in a few the hermetically sealed solutions in chloretone, put up by P., D. & Co., were used. These latter were used directly from the original bottles, with no further sterilization.

No symptoms of infection of the spinal canal followed in any case. It was found most convenient to have the patient in the position of a "scorching" bicycle rider, with the legs over the edge of the table, feet on a stool, elbows on knees, and back arched so as to separate the lumbar spines as widely as possible.



The fourth lumbar space was usually selected. Much assistance in accurately locating this space was obtained by telling the patient to alternately straighten up and bend over several times, so as to alternately relax and make taut the supra-spinous ligaments and render the moving lumbar spines more easily palpable. In corpulent patients, this procedure is of distinct value. The skin and muscles were usually infiltrated with weak cocain solution before making the lumbar puncture, which therefore caused little or no pain.

The cerebro-spinal fluid was obtained before injection of solution in most of the cases, including the two failures, but only a very few drops were allowed to escape. A needle with a short bevel, differing markedly in this respect from the ordinary aspirating needles, was found most satisfactory. Too sharp a needle may needlessly damage the contents of the spinal canal and too long a bevel may allow fluid to escape within and without the arachnoid at the same time. Skin incisions to facilitate introduction of the needle were found to be superfluous, though they are certainly an additional safeguard against carrying infection from the deeper layers of the skin.

The results of this series would indicate that analgesia may be expected to begin in ten minutes or less and to be complete in about ten or twenty minutes, although it often takes longer to become complete as far as the umbilicus. In one of these cases it apparently occurred over an hour after the injection. Duration of analgesia was usually over one hour, though sometimes it lasted scarcely half an hour. Analgesia usually extended about as high as the umbilicus or nipple, but in a few cases it was noticed as high as the arm, throat, and even scalp.

Paresthesia usually appeared before analgesia, the first symptom of successful analgesia often being a tingling and numbness of the feet. One patient complained of loss of muscular power in both legs each of the two times he was injected. In the majority of these cases, there was some special contraindication to the administration of a general anesthetic, and two of the operations performed would have been abandoned rather than subject the debilitated patient to the dangers of chloroform or ether.

Of the seven cases classed as partly successful, the four following are worthy of special notice:

Case III. Analgesia, though delayed, did finally appear.

Case VI. The dilatation of the sphincter, which was the main reason for the analgesia, was accomplished with comparatively little pain, although the legs were not analgesized.

Case XVII. A full sized straight Keith needle was thrust through the skin of one of the patient's legs and he was perfectly unconcerned. From the time the word "knife" was spoken, he became increasingly nervous and hysterical.

Case XXVII. Satisfactory analgesia, but extreme nausea and vomiting accompanied by collapse.

Nausea was disagreeably present in less than one-third of them and headache in only a few. Temporary elevations of temperature were observed in some cases, but no prolonged after-effect was noticed except slight pain at site of puncture. The method would seem to be contra-indicated in children and in hysteric or very nervous patients, as the psychic effect in them would increase not only the difficulties of the operation, but the shock as well. Morphin hypodermically before the operation may materially increase the usefulness of this method. Strychnin and digitalis should be used as the pulse demands. Hyosein hydrobromate is often useful in preventing disagreeable after-effects.

It was noticeable that but little of a general or local anesthetic was needed when employed after a spinal injection.

In several of the cases the consent of the patient was obtained for operations more extensive than originally planned, and in the sigmoidopexy the patient materially assisted by forcing down the rectum, at the operator's request, when it was desired to ascertain the exact extent of the prolapse. The method of inducing analgesia evidently has its advantages, but the question of the relative mortality to that of other methods must be carefully determined.

For convenience, the following table is arranged to show the nature of the operations in this series of cases:

TABLE OF OPERATIONS IN THIS SERIES, WITH RESULTS OF ATTEMPTS  
TO INDUCE SPINAL ANALGESIA.

SUCCESSFUL.—1 Immense lumbo-iliac abscess.

1 Extensive lumbo-iliac sinus (same patient, second operation).

2 Amputations of leg.

- 5 Rectal dilatations and curettings.
- 1 Rectal and urethral dilatation.
- 1 Bassini operation for inguinal hernia.
- 1 Excision of ulcer of leg and Thiersch grafts.
- 1 (Nature of operation not specified).
- 1 Hemorrhoids, with excision and suture.
- 1 Sigmoidopexy.
- 1 Excision of urethral fistula.
- 1 Excision of adeno-carcinoma of rectum.

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PARTIALLY SUCCESSFUL.—1 Analgesia, too late for operation.

- 1 Rectal dilatation and examination (dilatation painless).
- 1 Inguinal colostomy.
- 1 Amputation of leg.
- 1 Bassini operation for inguinal hernia.
- 1 Hemorrhoids, with excision and cauterization.
- 1 Ligation of external iliac artery.

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FAILURES.—1 Inguinal colostomy.

- 1 Excision blastomycetic tumors of foot.

CASE I. SUCCESSFUL.—William Ritchie, age 38, white male, native of New York, painter.

Immense lumbo-iliac abscess, disease of many years duration. Patient very much reduced, extremely anemic and weak; two sinuses in flank, opening just below the last rib, discharging dirty, offensive pus.

This man was so nervous and sensitive that it was impossible to make a thorough examination without an anesthetic. After an unsuccessful attempt by tonics, heart stimulants, and nourishment to get him into better condition, Dr. Parham determined to operate on him at once. His condition was such, however, that it did not justify a general anesthetic, and operation was done under intra-spinal injection of cocain.

September 6, 1900. Injection in fourth lumbar interspinous space; preliminary anesthesia of skin by Schleich's anesthetic solution; puncture and intraspinal injection almost painless. Small incision of skin to facilitate puncture.

Anesthetic used, two per cent. cocain mur., freshly made and boiled one minute.

10:47 A. M. First injection of  $1\frac{1}{2}$  c. c. (about 46-100 of a grain).

10:51 A. M. Paresthesia of toes.



10:53 A. M. Paresthesia of knees.

10:54 A. M. Analgesia beginning as high as gluteal fold.

10:55 A. M. Analgesia of buttocks and sacrum.

10:56½ A. M. Subcutaneous surface of tibia analgesic.

11 A. M. Analgesia over crest of ilium; unable to move legs.

The field of operation was up to this time still sensitive.

11:03 A. M. A second injection of 0.5 c. c. (about 15-100 of a grain) was given, making a total of about  $\frac{3}{8}$  of a grain injected.

11:06 A. M. Analgesia beginning over lumbar region; up to this time the slightest attempt to touch the sinuses caused great pain.

11:08 A. M. Analgesia complete over operative field, except at a sinus far back and near twelfth rib.

11:09 A. M. Operation begun by incising sinus near anterior superior iliac spine. No pain resulted. Posterior sinus sensitive.

11:12 A. M. Posterior sinus still sensitive.

11:19 A. M. Analgesia complete over operative field and up to umbilicus.

11:20 A. M. Deep and vigorous curetting of posterior sinus gave slight pain.

11:25 A. M. Absolute analgesia during further steps of operation.

11:27 A. M. Pulse more frequent and feeble; whisky given; felt well, however.

11:33 A. M. Digitalis and strychnin subcutaneously.

11:35 A. M. Slight nausea.

11:37 A. M. Operation completed. Dressing applied at 11:40. Analgesia absolute in feet and legs, but there seemed to be slight pain in the wound.

12:03 P. M. Pinching elicited some sensation in right and in left foot.

The operation consisted in free incision from near the anterior superior iliac spine four inches backward, then skipping a small skin bridge and passing upward and backward to near articulation of twelfth rib with spine. Through this wound the sinuses were followed down to the vertebral column and all discoverable pockets freely curetted out. The wound was thoroughly scrubbed out with peroxide, followed by prolonged irrigation with formalin solution 1-1000 and packed with iodoform gauze.

The patient went out of the operating room in excellent condition, highly pleased with the experiment. Subsequently, at each dressing the pain was such that he begged to have the "stuff put into his back."

This case was an absolute demonstration that the Bier-Corning method was of great value, as thereby it was possible to do an operation which, owing to his condition, would have been abandoned if chloroform or ether had been the only resources.

He was singularly free of after-symptoms, complaining of only slight headache and nausea; temperature did not rise above 101 deg.

CASE II. SUCCESSFUL.—Second operation upon preceding case.

Although patient recovered well from effects of operation just described, his wound continued to discharge and the probability that other pockets had been formed or had been overlooked necessitated further attempts at eradication of infected foci.

October 10, 1900. Second operation under intraspinal injection. Condition now even weaker than at previous operation.

In this operation, owing to the distorted condition of the spinal column, due largely to the cicatrization of the deep wound so near the vertebrae, the greatest difficulty was experienced in getting the needle to draw spinal fluid. Indeed, so difficult was it, that Dr. Parham would have abandoned the attempt had he seen any other way of giving the patient any relief. Finally, after one hour, by laying him on his back, the fluid was made to flow, whereupon the cocain solution was injected.

11:42 A. M. 1 c. c. 2 per cent. cocain muriate solution injected.

11:51. Sensation not being affected, 12 minims injected.

11:54. Feeling depressed; whiskey by mouth.

11:58. Digital dilatation of inguinal sinus gave no pain.

11:59. Analgesia complete over field of operation. He complained as in the first operation, of inability to move the feet and legs.

12:02 P. M. Hyoscin hydrobromate 1-100 by needle.

12:10. Slightly nauseated.

12:13. Nitroglycerin 1-100 by needle.

12:41. Pulse 100; very slight pain in back.

12:45. Nauseated; complained of some pain in posterior wound.

12:49. Operation completed, wound washed out with peroxide and formalin, packed with gauze, and patient sent to the ward.

This operation was a really formidable one, far exceeding the first in magnitude. The flank was laid open continuously from a point near the external inguinal ring, thence along the iliac bone and up to the spinal column and the twelfth rib. The peritoneum was pushed well forward, the transverse processes of two lumbar vertebrae were cut away with the rongeur, the

anterior surfaces and sides of the bodies of the lower lumbar vertebræ were explored with the finger and every pocket and recess of the wound was searched and curetted out up to the lower end of the kidney. The resulting wound was immense, but he left the table in excellent condition.

The after-effects were not marked and quickly passed off.

CASE III. PARTIALLY SUCCESSFUL.—Smith, age 40. Tuberculous osteo-myelitis of Pirogoff stump.

This man had sustained a previous amputation during the winter, the operation being done under infiltration of the sciatic and internal saphenous nerves. The stump had never completely healed and the popliteal incision to expose the nerve was still discharging. Several sinuses, delivering thick pus, were to be seen on the stump. Chloroform had been badly borne by the man, so it was decided this time to resort to the Bier-Corning method. Operation, September 17, 1900. Two c. c. of 1 per cent. cocain solution was injected into the fourth interspace. After sixteen minutes, no analgesia; needle reintroduced and fluid obtained; small quantity of cocain solution thrown in (amount not stated in notes).

As there was no analgesia twenty-eight minutes after the first puncture, a third puncture was made. After obtaining clear fluid from the canal, 2 c. c. of 2 per cent. cocain solution was thrown in. Pulse 94.

Three minutes later complained of faintness and had whiskey.

Twelve minutes later, or fifteen minutes after the third injection, no analgesia.

Thirty minutes after the last injection the case was sent back to the ward as a failure.

But one hour and twenty minutes after the last injection, the man was found complaining of a peculiar numbness in the lower limbs. Examination showed analgesia of the legs and thighs, a needle thrust in a fold of skin in the thigh giving no pain. It was too late to operate that day, but he gave one the impression that the analgesia had been complete and was now disappearing and that if he had been kept longer in the operating room, the operation might have been performed.

CASE IV. SUCCESSFUL.—On September 19 the above patient was taken back to the operating room and another attempt made to induce spinal analgesia.

10:59 A. M. Puncture made and  $1\frac{1}{2}$  c. c. of 2 per cent. solution cocain injected.

11:02. Pulse 136.

11:04. No analgesia.

11:07. Analgesia beginning in stump of left foot.

11:12. Extensor surface of right thigh (affected side) analgesic.



- 11:14. Pulse 140.  
11:15. Operation begun. Very slight pain with first cut.  
11:18. Analgesia satisfactory; operation proceeding.  
11:26. Analgesia to level of umbilicus.  
11:30. The flap had now been turned down and the fragment of os calcis having been removed, disclosing diseased tibial marrow, the tibia and fibula were sawed through; no pain whatever.  
11:35. Pulse 135; analgesia to tenth rib.  
12:01 P. M. Sensation returning slightly in leg.  
12:05. Operation completed and dressing applied.  
12:07. Sensation returning slowly.

A conservative operation had been intended, but the bones were so unsatisfactory in appearance that the man's consent was asked to a higher amputation. This was therefore done with his approval, which could not have been gotten had he been under a general anesthetic. The disease was much higher than had been anticipated. For weeks after the operation the patient complained of pain in his back.

From the analgesic point of view the operation was entirely satisfactory. Why analgesia was obtained this time and not before can not be explained, unless it be that the needle used this time was stiffer and much more easily handled, ensuring the dropping of the solution into the canal; whereas before, although fluid was drawn from the canal, the solution may have been dropped into the subdural and not the subarachnoid space.

CASE V. FAILURE.—Malignant stricture of the rectum. September 26, 1900.

Left inguinal colostomy for inoperable stricture. Spinal injection,  $1\frac{1}{2}$  c. c. of 2 per cent. solution.

Complained of shooting pains in the right leg.

Although fluid was aspirated before the cocain solution was injected, there was only slight numbness in one leg, but no analgesia.

Thirty-seven minutes after the injection sensation in inguinal region was apparently in no wise diminished. Local infiltration of a 2 per cent. solution was then resorted to and the incision carried down to the peritoneum with very little pain. After this, but little more cocain was needed.

CASE VI. PARTIALLY SUCCESSFUL.—William Sands, age 55 years. Examination of rectum to determine operability of a malignant stricture of rectum.

September 11, 1900.

- 11:10 A. M. 15 minims 2 per cent. solution cocain injected.  
11:28. No analgesia.

11:35. Same solution, same amount injected, making a total of three-fifths of a grain of cocain.

12 M. Little, if any, analgesia in legs, but forcible dilatation of sphincter and examination of rectum was done with scarcely any pain. This was very striking, since his complaints were emphatic when the legs were pricked with a needle.

CASE VII. PARTIALLY SUCCESSFUL.—William Sands, age 55. October 27, 1900. Left inguinal colostomy for malignant stricture.

The analgesia in this case was only partial. At first 10 minims of 2 per cent. solution was put into the syringe, but the connection between the syringe and needle was bad and an appreciable quantity was lost. Twelve minutes later, 4 minims more was injected, but here again some of it was lost.

The first injection was given at 11:08 A. M., the injection taking 15 seconds.

11:17. Analgesia beginning.

11:20. Analgesia not progressing; 4 minims injected, but only a portion went into the spinal canal.

11:28. Analgesia to prick of needle up to crest of ilium.

11:30. Operation begun. Complained greatly of pain during incision of skin.

11:37. Pain continuing, local injection of cocain was used. The operation proceeded under local injection of cocain.

After the peritoneum was reached, the further steps of the operation were almost painless. The pain at the umbilicus complained of in a previous case under regional injection, when the sigmoid was drawn up, was here absent. It was evident to all present that in the later stages of the operation the analgesia was decided.

In this case cerebro-spinal fluid was obtained before injecting the solution; the fault was evidently with the defective mechanism of the syringe.

No noteworthy after-effects.

CASE VIII. FAILURE.—John Schlatre, 54 years. Blastomycetic tumors of feet and legs; operation to remove a number of the small tumors.

September 20, 1900.

1½ c. c. 2 per cent. solution injected. Although fluid was aspirated from canal and there were constitutional effects resembling those in successful cases in spinal analgesia, still the analgesia was only partial and the man complained throughout of pain. It is probable that in this case only a small part of the cocain solution reached the subarachnoid space, the remainder escaping into the subdural space, owing to the long bevel of the needle.

CASE IX. SUCCESSFUL.—Walter Pope, aged 26 years. Chronic ulcer of the leg, requiring amputation. In this case, eucaïn B was first injected, afterwards followed by a small quantity of cocain.

November 1, 1900.

11:05 A. M. Twenty minims of 2 per cent. eucaïn B injected after some drops of cerebro-spinal fluid had escaped through needle.

11:15. Some analgesia in foot.

11:24. Operation begun, but stopped, as the analgesia was only partial and at times the cutting of the Stephen Smith flaps was very painful.

11:51. Ten minims of 2 per cent. cocain solution injected.

12:36. Analgesia complete. The operation—a Stephen Smith bilateral flap amputation above the middle of the leg—was now completed without any pain whatever.

Patient was sent to the ward in a satisfactory condition and did well afterwards. The temperature rose to  $103\frac{3}{8}$  deg. following night, gradually dropping to normal on November 8, 1900. This may have been due to tension, as there was some hemorrhage into the stump.

CASE X. SUCCESSFUL.—E. H., young white male. Chronic ulceration of rectum. This man always stood pain badly, and on each of the occasions when taking chloroform for rectal treatment, he had suffered much from nausea, vomiting and general feeling of wretchedness.

October 26, 1900.

Cocain solution boiled in a test-tube.

11:13 A. M. Canal entered without difficulty and ten minims thrown in.

11:21. Repeated injection, but lost some, owing to defective connection of needle and syringe. (The syringe piston was seen to be slowly pushed out by the intraspinal pressure.)

11:26. Analgesia complete in lower limbs.

11:31. Analgesia complete to ensiform cartilage.

11:35. A hypodermic of 1-100 grain hyoscin hydrobromate in the arm, and patient seemed to feel no pain at all from the needle.

12:05 P. M. Operation begun and soon completed without complaint, except of some respiratory distress, which never became serious.

This man, who had never previously permitted any manipulation of his rectum without an anesthetic, now submitted to stretching of the sphincter, curettage of an ulcer and incision of the muscle without a tinge of pain.

12:25. Returned to his room drowsy, beet red (from hyoscin?) and complaining of feeling heated. Perspiring freely.



12:50. Sensation beginning to return in legs, arms, chest and shoulders; pupils dilated.

1:15. Sensation had returned all over body. Temperature had risen to 101 deg.

3 P. M. Headache. Nauseated and very nervous at 4 P. M.

5 P. M. Gave  $\frac{1}{8}$  grain morphia subcutaneously. Vomiting.

10:30 P. M. Bladder relieved by catheter.

Rested well the remainder of the night. The temperature continued in the neighborhood of 100 deg. during the night and the day following operation, but subsided under quinin and remained normal after midnight.

The headache disappeared the morning after the operation and did not again return. He was well pleased with the result.

In this case the analgesia extended up to the thyroid cartilage and seemed complete in the arms.

CASE XI. SUCCESSFUL.—November 22, 1900. Sidney Hams, colored, aged 28, male, waiter. General condition good.

Herniotomy, Bassini's. Incomplete, indirect, inguinal hernia.

Cocain, 2 per cent.; chloretone, 8 per cent., in P. & D. Co.'s sealed tube.

One puncture of Quincke's space; about 15 minims injected. Evidence of penetration, cerebro-spinal fluid.

Fluid injected in one minute at 10:52 A. M. Needle left in one minute. First symptom at 11:08. Complete analgesia at 11:09 A. M.

Finished and dressing applied at 11:35 A. M.

Duration of analgesia, 1 hour and 44 minutes.

First sign of pain while putting in the two high skin sutures; none while putting in the lower ones.

*Condition During Operation—Record of Pulse and Respiration.*

	Pulse.	Respiration.
10:30 A. M.....	78	16
10:40 .....	100	16
10:55 .....	100	16
11:10 .....	60	20 full, long inspiration. Sweating.
11:20 .....	80	22
11:30 .....	80	20
11:40 .....	92	20
11:50 .....	100	20
12:00 M. ....	100	20
12:10 P. M.....	94	20
12:20 .....	112	20
12:30 .....	106	20
12:40 .....	108	20

Condition normal at end of operation; pupils normal.

Sensation was rapidly returning at 11:31.

Had during operation 1-200 grain hyoscin hydrobromate.

November 26. Patient doing well. No bad symptom since operation; no headache; no nausea; slight pain in back; highest temperature,  $100\frac{2}{5}$  deg.

November 28. No unpleasant symptoms, but temperature rose last night to 102 deg., this A. M. 101 deg.

CASE XII. SUCCESSFUL.—November 26, 1900. White male, Ward 10.

General condition good. Phlegmatic temperament.

Operation: Thiersch grafting of leg ulcer from front of thigh.

Anesthetic, cocain 2 per cent., chloretone 8 per cent., P. & D. Co.'s sealed tube.

Amount, 15 minims.

Site of puncture, Quincke's Space.

Evidence of penetration, cerebro-spinal fluid.

Time of injection, 10:57 A. M., 10 minims.

There being no analgesia in thirteen minutes, five minims more were injected.

Analgesia began shortly after, but exact period was not kept.

11:16, operation begun.

The ulcer was cut out with a scalpel, including a quarter inch of the border of the ulcer. The grafts were then taken off with a razor, after the manner of Thiersch. Two long grafts and two smaller strips were sufficient to cover the raw surface. While the second strip was being cut at 11:30, he gave some signs of pain, but the operation was satisfactorily finished without any pain at all in the operation on the ulcer and only in a moderate degree while cutting the grafts. When he left the table, one hour after making the first injection, sensation had almost returned, but he complained of no pain in either site of operation. The leg was very carefully dressed and a plaster of Paris bandage applied.

Nov. 28. Doing well. He had no unpleasant symptoms since operation. Temperature was not taken by nurse, but there had been no subjective symptoms indicating a rise.

CASE XIII. PARTIALLY SUCCESSFUL.—White male, age 30 or 35 years. Amputation of right leg for flail-like limb, due to recent fracture of fibula, the tibia having been removed several years before.

10:41 A. M. Injection of 20 minims of 1 per cent. cocain-chloretone solution (P. & D. Co.).

10:58. Nauseated, analgesia just beginning.

11:04. Vomited.

11:04½. Skin incision begun, without pain.

11:06. Pulse, 78.

11:07. Cutting long posterior musculo-cutaneous flap caused some pain.

11:11. Complained of the tourniquet and of great fatigue in the whole limb.

11:17. Pulse, 90.

1:18. Pain on pulling the posterior tibial nerve out to cut it off. Up to this time the pain had not been at all severe. He complained a good deal when the fibula was being cleared for sawing, but the actual sawing gave rise to no pain.

11:30. When the nerve was grasped with a pair of artery forceps preparatory to cutting it off and also when the scissors cut through it, there was decided pain, which, however, immediately subsided as the nerve stump retracted.

There was also slight complaint when the anterior tibial nerve was cut.

The analgesia was considerably delayed in this case and was not so profound as in other cases here reported, but it was quite satisfactory and the patient himself when questioned afterwards admitted that his suffering had not been great. It might be a good plan in similar cases to inject any exposed nerve trunk with cocain solution before again cutting, when in the circular cut it is apparent that the analgesia is not complete. The flap was sewed up without any complaint on the part of the patient. He was sent back to the ward in excellent condition.

CASE XIV. SUCCESSFUL.—December 31, 1900. Sarcoma of heel. Excision of tumor and Thiersch graft.

10:53 A. M. Twelve minims of P., D. & Co.'s 2 per cent. solution with chloretone, injected.

10:59. Analgesia of foot.

11:03. Analgesia complete.

11:07. Operation begun.

11:11. Tumor cut.

11:26. First graft planted.

11:37. Third and last graft cut.

Analgesia in this case was profound and extended to the scalp. The pulse at 11:37 was 82. There were during the operation and afterward no disagreeable nor unfavorable symptoms. Indeed, the man expressed himself as feeling better than he had felt in his life.

CASE XV. SUCCESSFUL.—Man addicted to excessive drinking and excessive use of morphin. Very nervous and indisposed to take chloroform. Requested a spinal injection. Was suffering very acute pain in the rectum during and after every stool and was so sensitive that no examination could be made without some form of analgesia.



12:17. Needle inserted.

12:18½. Injection.

12:20½. Needle withdrawn. When first on table, pulse was very rapid.

12:22. Pulse, 130.

12:24. Numbness in legs.

12:29. Analgesia pronounced.

12:30. Anal dilatation begun and finished in a few minutes. There was no pain, though the sensation of manipulation was quite plain. A small rectal pocket anteriorly was incised and scraped.

12:52. Pulse, 110.

12:53. 1-100 grain hyoscin hydrobromate injection into arm.

12:56. Sensation of pain returning.

There was neither during the operation nor afterwards any untoward symptom and the patient returned to his country home highly pleased.

CASE XVI. SUCCESSFUL.—Mike Clark. Excision and ligation of varicose veins.

No notes were made during the operation. The amount of cocaine injected was 15 minims of P., D. & Co.'s 2 per cent. solution, with chloretone. The analgesia was satisfactory, but vomiting was quite severe during operation. The vomiting ceased shortly after he was carried back to ward and there were no other bad symptoms subsequently.

CASE XVII. PARTLY SUCCESSFUL.—Young man with reducible left inguinal hernia. Bassini operation. The preliminary lecture to the class seemed to bring on great agitation and during the injection he complained bitterly, even of the infiltration of the skin. The cerebro-spinal fluid began to drop from the needle and 15 minims of P., D. & Co.'s 2 per cent. solution in chloretone were thrown in. Scorching position was used to facilitate injection. In seven minutes the assistants announced complete analgesia, ascertained by running a needle through a fold of skin. Patient placed on his back and operation begun. He made such an outcry at the first contact of the knife and repeated it so everytime he was touched with the point, although he could not see what was going on, that he was given whiffs of chloroform. Almost immediately, Dr. Parham was able to go on with the operation, which was concluded under chloroform. Some rise of temperature afterwards.

(The operation was done on Thursday and redressed on following Monday. There was union all along the line.)

CASE XVIII. SUCCESSFUL.—Miss M.

Over one-fifth grain cocaine. Analgesia began in six minutes, was complete in ten minutes as high as the diaphragm and

lasted about fifty minutes. Slight nausea and vomiting during operation and pulse ranged at about 140. Sensation fully returned in about an hour. Headache and vomiting afterwards. Temperature rose to 103.5 deg. several hours after the operation and remained over 101 deg. for a day or two.

CASE XIX. SUCCESSFUL.—Mrs. B. April 10, 1900.

Cocain grain  $\frac{4}{5}$ . Analgesia in sixteen minutes. Dilatation of rectum and urethra without pain.

CASE XX. SUCCESSFUL.—March 15. Ferg.

Twenty minims of cocain solution injected, in two doses.

Analgesia in four minutes, lasting only about half an hour. Hyoscine hydrobromate, grain 1-100, given. Rectum dilated. Pulse 120. In about one hour, sensation returning.

CASE XXI. SUCCESSFUL.—Patient of Dr. Guthrie, injected by Dr. Jacoby.

Thos. B., white, age 29. Hemorrhoids. Excised. Mucous membrane sutured. Three drops spinal fluid lost. 3-10 grain cocaine; analgesia complete in 24 minutes. Lower and upper extremities, trunk, neck and face analgesic. Pulse 66, respiration 21. Sphincter dilated and operation completed without pain. Bilious vomiting during operation. During afternoon, intense headache and nausea.

CASE XXII. PARTLY SUCCESSFUL.—Gaiennie, white male, age 43. Hemorrhoids, excised and cauterized.

Cocain,  $\frac{1}{5}$  grain.

Success partial.

CASE XXIII. SUCCESSFUL.—G. Monticino, male, 43 years. Prolapse of rectum. Sigmoidopexy. Very satisfactory analgesia. Patient materially assisted in the operation by forcing the rectum down when requested, a decided advantage in favor of spinal analgesia. Three drops cerebro-spinal fluid lost.  $\frac{1}{5}$  grain cocaine.

Analgesia complete in 10 minutes. Nausea, vomiting and relaxation of bowels. Pulse weak and slow. Analgesia as far as scalp.

During operation, hyoscine, grain 1-100, and strychnin, grain 1-20. After operation, morphin, grain  $\frac{1}{4}$ . All by needle. Laudanum, ten drops, every four hours. No marked after-effects.

On 13th day stitches removed. First intention. The sigmoid was in this case anchored to the abdominal wall.

CASE XXIV. SUCCESSFUL.—F. O'R, 49 years. Excision urethral fistula.

Cocain, grain  $\frac{1}{5}$ . Analgesia began in 6 minutes, complete in 14 minutes. Nausea during operation. Hyoscine, grain 1-100, and strychnin, grain 1-30, by needle. Extreme nausea throughout operation. After about two hours, some analgesia was still present, but nausea had ceased. Pulse about 90 during operation and 72 at its close.

CASE XXV. SUCCESSFUL.—G. B., 33 years. Fistula in ano. Excised and curetted.

Cocain, grain  $\frac{1}{3}$ . Analgesia in  $7\frac{1}{2}$  minutes. Slight nausea towards end of operation, but no vomiting, though patient had taken breakfast.

CASE XXVI. SUCCESSFUL.—H. S. 37 years. Adeno-carcinoma of rectum.

Patient sent to ward as a case of bleeding piles. An excision and cauterization was done, but the appearance of the tissue removed was so suspicious, that it was sent for microscopical examination. Reported as adeno-carcinoma. Another specimen from same region reported as inflammatory tissue.

$\frac{1}{5}$  grain cocain was injected. Analgesia perfect in ten minutes. No pain nor nausea during operation.

CASE XXVII.—Sam John, Chinese, aged 60 years. Ligation right external iliac artery for aneurism of femoral. 20 minims of 2 per cent. solution cocain used. Analgesia very satisfactory, but extreme nausea and vomiting, with symptoms of collapse. 12 minims of cerebro-spinal fluid were lost. Morphin grain  $\frac{1}{4}$  and hyoscine hydrobromate grain 1-100 by needle quieted patient and induced sleep. Patient was a confirmed opium eater and very unmanageable; he frequently removed dressings. Death from acute lobar pneumonia occurred about two months after operation.

An interesting feature of this case was the dilatation of the femoral artery on the opposite side, which occurred several weeks after the ligation was performed and which was evidently due to the increase of blood-pressure. The original aneurism ruptured several weeks before death, possibly because the patient persisted in getting out of bed.

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## SIGMOIDOPEXY FOR THE RELIEF OF PROLAPSE OF THE RECTUM WITH REFERENCE TO SPINAL ANALGESIA.\*

### REPORT OF CASE, AND REVIEW OF LITERATURE.

By A. JACOBY, A. B., M. D., NEW ORLEANS, LA.

It is my intention to advocate a new operative procedure for the relief of prolapsus recti which should promise excellent results in most intractable cases, and to review briefly the literature on the subject. I do not desire to discuss the etiology nor the general methods of treatment of this surgical condition, but to confine myself wholly to those methods which are in accord with the one adopted in this particular case.

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\* Thesis recommended by Prof. R. Matas, professor of surgery and the medical faculty of Tulane University for special mention and publication, on April 30, 1902.



The surgeon of to-day grasps every opportunity to increase the possibilities of a radical cure and to lessen all risks to the patient in operative procedures: It is, therefore, that he attempts new methods, and accepts suggestions from others, so that he may broaden his surgical field and produce results that will be permanent.

This condition of prolapse of the rectum should command operation in all cases, except in the very young, because defecation will soon become painful, or, in some cases, there will be incontinence, while, in others, that condition of irritable bladder may result which is far worse than the original trouble.

It is only within recent years that new methods for the relief of this most unpleasant and serious condition have been advocated and performed, and we are indebted to Jaennel<sup>(1)</sup> for the origin of the colopexia procedure, or Verneuil for the colopexotomy; Mathews<sup>(2)</sup>, our authority on rectal diseases, has become the latest and most ardent advocate of this method, stating that he has tried many, if not all, of the plans of treatment for the cure of large prolapsus recti, and must confess to disappointment in them all. It was after several complete failures, that he determined to open the abdomen and anchor the colon or flexure for the cure of a long standing prolapse of the rectum.

There are three methods of treatment:

First—Medical and surgical;

Second—Excision or resection;

Third—Colopexy or sigmoidopexy.

I do not intend discussing the first, as it is capable of good results only in the very young and in cases of recent origin. The second, though it may have many advocates, does not appeal to me, and as Ludloff<sup>(3)</sup> demonstrated by his experiences in the Königsberg Clinic, "the indications for resection in prolapse of the rectum could be much restricted." However, it is applicable and must be adopted in the following class of cases:

First—In acute cases with irreducible invagination and signs of incarceration or gangrene.

Second—Those in which the prolapse is the result of a malignant tumor.

Third—In those chronically inflamed prolapsi and so much thickened that they can not be replaced, or those with ulcerations or with a tendency to cicatricial stenosis.

Yet we can restrict it in other cases, for, First—as Artaud<sup>(5)</sup> remarks, “the operative procedure to be undertaken should be one involving the least loss of substance, except in extreme cases.”

Second—It is an extremely bloody and dangerous operation.

Third—The result does not always give permanent control of the functions of the rectum, which Elliott, Jr.,<sup>(6)</sup> in reporting two cases laid great stress upon, stating “that when the patient had diarrhea some fecal matter escaped and there was incontinence also when hardened fecal matter was in the rectum.”

Fourth—We have no positive clinical guide for the detection of peritoneum in the tumor, says Cumston<sup>(7)</sup>, and consequently there is danger of opening the peritoneal cavity, though this rarely occurs.

To the last method we are indebted to many, the first of whom was Jaennel, who, in 1889, performed the following operation: He first did a Littré's inguinal colostomy with that portion of the gut which appeared at the opening after the prolapse had been reduced. When adhesions had formed an artificial anus was made, which was closed later after the adhesions had anchored the bowel securely. This method, however, was crude and could not be recommended because—

1. It involved too many steps.
2. An artificial anus is disagreeable to the patient.
3. An artificial anus is frequently difficult to close.
4. The treatment required at least three or four months.

Berg<sup>(4)</sup> reported to Swedish Society three severe cases of prolapse of the rectum in which he did a colopexy with excellent results. He made an incision as for an iliac colostomy, reducing the prolapse by drawing up the sigmoid flexure and the upper portion of the rectum, and suturing the gut in this position with silk sutures carried through the whole thickness of the meso-rectum and parietal peritoneum.

McLeod, of Calcutta, sutured the rectum to the abdominal wall, which Murphy,<sup>(9)</sup> of Chicago, has also done in a recurrent operated prolapse, both being rather complicated and involving too many steps to give in detail.

Dr. Bovée,<sup>(8)</sup> of Washington, D. C., operated for this condition (in a woman) which was associated with hemorrhoids and prolapse of the uterus. Ventro-fixation of the uterus was per-

formed, the hemorrhoids excised, and the rectum drawn up till fairly tense and sutured to the cul-de-sac and posterior wall of the uterus up to the abdominal wall by a running catgut suture.

Mathews (*loc. cit.*) reports several cases of colopexy, including two performed by Nobles, of Philadelphia.

Nobles makes an incision through the left rectus muscle slightly below the promontory of the sacrum, then searches for the sigmoid flexure or rectum, and makes traction till it is inverted and the "slack" taken up. The point at which the lower portion of the rectum will come in contact with the abdominal wall on slight tension is attached to it by three or more fine silk sutures. The sutures must include the rectus muscle, and should pass under the longitudinal (anterior) band of the rectum. The abdominal wall is then brought together by the tier method.

Mathews has the patient to protrude the bowel to its fullest extent before the anesthetic is administered. An incision is made in the left inguinal region extending upward about six inches. The hand of an assistant reduces the prolapse and pushes it up the rectum till the fingers are felt in the sigmoid flexure. The gut is now drawn taut and attached to the abdominal wall by a running chromicized catgut suture for three inches. The abdominal opening is then closed.

After having discussed the methods of others for operating in this condition by the abdominal route, we now come to the procedure adopted in this case which will manifest itself to be by far the easiest and safest of accomplishment.

The patient, a white male, aged 43 years, had suffered with prolapse of the rectum since childhood. It was not, however, till a few months before admission, July 20th, 1901, that he first began to experience some difficulty in defecation, irritability of the bladder, and at times an inability to return the prolapsed rectum very readily, and for some sequence of time. This condition gradually became more aggravated and he suffered so much that he determined to seek relief.

On examining the mass it was found to include all the coats of the intestine, to be about four inches in length, three inches in circumference, and globular in shape. (The accompanying photograph does not depict its true size.) The patient was able to force out and draw in the prolapsed rectum voluntarily by



suction in a manner similar to that of a horse, in whom we find the mucous membrane protruding after defecation, which he restores by a contraction of the sphincter muscles. The tumor was much thickened and irritated.



On July 27, 1901, Dr. F. W. Parham, to whose service I was then attached and to whom I am indebted for the privilege of reporting this case, decided to do a sigmoidopexy by attaching the sigmoid flexure to the abdominal wall through a McBurney incision on the left side.

A day before the operation the patient was given 3ss of epsom salts, and strychnin gr. 1-30, and tincture digitalis 5 minims every four hours. On the morning of the 27th an enema of one pint of soapsuds was administered, and the back and abdomen thoroughly scrubbed with soap and water, washed with bichloride solution (1-3000), and alcohol.

Dr. Parham thought it advisable to use spinal analgesia in this case, as the intelligent assistance of the patient could be considered, which was necessary and of inestimable benefit, as will be seen from the relation of the operative procedure.

Drs. W. M. Perkins and J. B. Guthrie assisted in the operation which was as follows:

10:05 A. M. Needle introduced in the interspace between the fourth and fifth lumbar vertebræ. Three drops of spinal fluid were lost.

10:07 A. M. Ten minims of a 2 per cent. sterilized cocain solution injected.

10:09 A. M. Needle removed.

10:14 A. M. Anesthesia nearly complete.

10:17 A. M. Anesthesia complete. Operation begun.

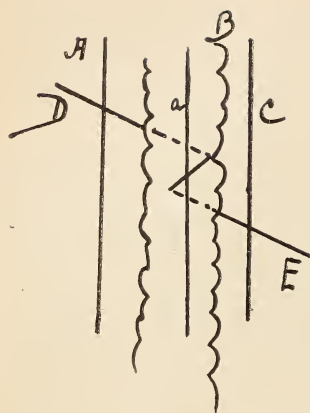
10:19 A. M. Nausea, vomiting, bowels relaxed, pulse slow and feeble.

11:05 A. M. Operation completed. No pain experienced during entire procedure.

11:15 A. M. Anesthesia still persisted and present in arms and partially in scalp.

Gr. 1-100 hyoscin hydrobromate and gr. 1-20 strychnin sulfate given by needle during operation.

McBurney's incision on the left side was made and the muscular layers separated without destroying their integrity. The peritoneum was incised and the sigmoid flexure searched for. After finding it, a silk-worm gut suture was passed through and tied and the bowel returned. The patient was then asked to force down the rectum; which he did without difficulty. The sigmoid was then drawn up till the rectum disappeared within the anus, and after all "slack had been taken up the point of the sigmoid which was most tense and presenting at the abdominal opening was sutured to the abdominal wall with a kangaroo tendon suture, in the following manner: The suture was first carried under the anterior longitudinal band, thence carried obliquely across, after which it was again passed under the band. Thus there existed two free ends, opposite to each other, which were carried through the peritoneum, transversalis, and internal oblique muscles on each side, respectively, giving an indirect figure of eight when the two ends were tied.



- A. C. Abdominal wall.
- B. Intestine.
- a. Anterior longitudinal band.
- ..... Where suture passed under anterior longitudinal band.
- D. Suture passed (E) through abdominal wall.

The two ends of the suture were tied, so that the opening was nearly closed and the bowel held firmly against the parietal peritoneum and abdominal wall. The remainder of the opening was closed with another kangaroo tendon, and the skin incision brought together with interrupted silk-worm gut sutures.

After the operation was completed, the patient was given  $\frac{1}{4}$  gr. morphia by needle and ten drops laudanum every four hours for the first twenty-four hours to inhibit peristalsis. The foot of the bed was elevated.

The patient was kept on liquid nourishment till the 4th of August, when light diet was ordered, which was changed to full diet on the 6th. On the 2d of August he received drachm doses of epsom salts every hour till his bowels moved freely, from which he experienced no difficulty nor pain. On August 9, skin sutures were removed and union by first intention found to be the result. Patient asked for his discharge on the 17th, which was granted. He suffered no inconvenience during stool nor was there any tendency to incontinence either when constipated or affected with diarrhea, having perfect control over the fecal movements.

The patient has twice been communicated with since the operation, March 4, 1902, and May 29, 1902. In the letter of the former date he states that he had been suffering with intense diarrhea for some time without experiencing any inconvenience from his former trouble which had not returned. In his last letter he assures us of the complete success of the operation and that there had been no tendency to return of the prolapse.



The question of anesthesia often enters into consideration in this class of cases, and though spinal analgesia may still be in the experimental state, yet it is the one which should appeal most to the surgeon. We know it is necessary to protrude the rectum as far as possible before commencing the operation, as Mathews did, and though this will be done successfully before the anesthetic is administered, yet he may involuntarily, in the exciting stage especially, draw in the rectum, and it will not be able to judge accurately of the amount of "slack" to be taken up. In spinal analgesia, however, we have the intelligent assistance of the patient, and when the operator is ready to draw up the rectum or sigmoid flexure and suture it to the abdominal wall, the patient can be told to produce the prolapse, as was done in this case.

The danger of excessive vomiting is also much less in this method of anesthesia than in the other methods of narcosis, as I have had occasion to observe in quite a number of cases, so that the tendency of the sutures to give way or weaken and the prolapse to return later is far less. It may be true that I am biased by the excellent result obtained in this particular instance, but I feel justified in making the assertion that the same result would be obtained in a series of cases under similar conditions.

In conclusion it may be said that the figure of eight suture employed in attaching the sigmoid flexure to the abdominal wall is worthy of consideration, because it brings in close and continuous contact the two serous surfaces, as well as the abdominal wall and intestine, which would not result if an interrupted suture were used. Furthermore in those prolapsi which are both large and heavy, the continuous suture will be better able to sustain the weight and tension.

It must be accepted also, that the operation of sigmoidopexy is both simple and easy of accomplishment.

That it is void of any great danger as compared with that of resection, and that it is to be preferred especially in prolapsi of the second and third degree.

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## Clinical Reports.

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### REPORT OF A CASE OF RESECTION OF FIVE INCHES OF TIBIA IN A RAILROAD INJURY WITH COMPLETE REFORMATION OF BONE TISSUE.\*

Reported by Drs. E. DENÈGRE MARTIN and L. G. LEBEUF, New Orleans.

On November 10 I was called to the Hotel Dieu to see an engineer, John Covington, aet. 42, who had been hurt in a wreck that same morning. When brought to the city he was accompanied by some physicians, who advised the amputation of his leg. His engine had run into another train in a dense fog and he had jumped from the cab. On landing, some twenty or thirty feet away, he must have struck a rail or a cross tie and caused the injury from which he was suffering. When I saw him, five or six hours later, at the Hotel Dieu, I found a simple fracture of his right fibula and a double compound comminuted fracture of the tibia of the same leg. The upper fracture was oblique and the lower fragment of the bone had cut muscles and skin and was protruding two inches out of wound. The fracture was then reduced and fragments of bone placed in as good apposition as possible under the circumstances. The outside wound was brought together, but on account of ecchymosis of soft tissues and swollen condition of leg about an inch of bone was left exposed. Leg was then placed in an immovable position and in plaster cast. Patient did very well for a few days and wound

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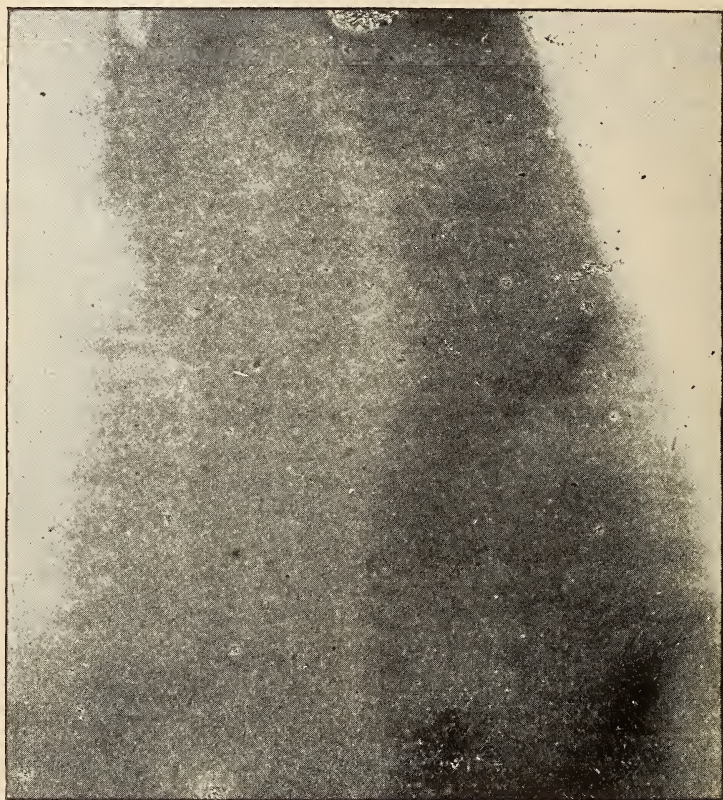
\* Read before the Louisiana State Medical Society, Shreveport, June, 1902.

was kept in perfect aseptic condition; still, on November 17, I saw that the upper and lower fragment of bone in the the upper fracture being broken in a peculiar slanting oblique way was not in good apposition, so I decided to wire bone to succeed in correcting this.

To better succeed in accomplishing this, I called in consultation my friend, Dr. E. Denègre Martin, and next day, November 18, Dr. Danna, the resident surgeon of the Hotel Dieu, administering the anesthetic, we very successfully wired the bone with two of Dr. Martin's staples. Leg was again placed in an immovable suspension splint apparatus. Patient had no elevation of temperature at any time and outside wound appeared to heal very nicely. Unfortunately the intervening piece of fractured bone between these two fractures, a piece, say  $4\frac{1}{2}$  to 5 inches in length, began to lose its proper color. It had lost its blood supply and though there was no suppuration, it was perfectly dead. On November 23 we decided to excise this entire piece of bone. We did so under chloroform anesthesia and placed leg in a plaster cast, strengthened by anterior and posterior steel bands to make cast firmer, leaving a large fenestrum of six or seven inches gap for proper treatment of wound. The periosteum of this excised piece of tibia was entirely destroyed in the anterior part of leg, but was carefully preserved and separated from bone before its excision in the posterior part. The wound healed very readily and though it was dressed every day never showed any sign of infection. On December 24 he was allowed to go home with the immense cavity of this wound entirely filled up. On March 6 I allowed him to walk with an apparatus or boot brace arrangement. About March 31 we began to notice by the hard appearance of cicatrix over wound that bone was beginning to reform in the entire length of the gap. To stimulate still more the formation of this neo-genetic bone we encouraged patient to walk with apparatus every day. Two little spiculæ of bone were removed at that time from both sites of former fractures. In a short while applicant was able to get on his engine again (April 22) and he has been continuously at work ever since. There has been an inch of shortening of his leg owing to loss from tibia and overlapping of fibula, but as you may see by skiagraph taken May 19 by Dr. L. D. Watson patient



has a complete new formation of tibial bone, and we hope very soon to let him abandon his apparatus entirely.



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#### ACETANILID CYANOSIS.

By E. A. KLEINPETER, Medical Student, Quarantine, La.

Ole Ludwigsen, male, white, steward *S. S. Nicaragua*, was taken sick on board at sea June 6, 1902. When brought to Lazaretto Hospital in quarantine service of Dr. J. N. Thomas, the Louisiana health officer of Quarantine, he gave the history of having had a slight chill and some fever on June 6.

While on board *S. S. Nicaragua*, acetanilid was administered to him in five grain doses every four hours for three days by the master of the ship. At the end of that period, upon his arrival at the Hospital, his condition was as follows:

Temperature  $100\frac{1}{5}$  deg., pulse 112, weakness pronounced and complete cyanosis of lips, gums and mouth. A diagnosis of malarial intermittent fever having been made, treatment for that condition was immediately instituted, and the acetanilid was withdrawn. Next morning the condition of patient had become much better, the cyanosis had disappeared completely, and nothing but the weakened condition of patient, and weak heart remained to show the pernicious effects of the acetanilid which had been administered. Patient improved steadily and was discharged on the fourth day after his arrival at the station.

From close observation of the patient extending over a period of four days, together with his previous history, there is no doubt in my mind about the termination of the case. It would undoubtedly have been fatal, if the acetanilid had not been discontinued and measures instituted for the repair of ravages already made upon the heart and general nervous system.

# N. O. Medical and Surgical Journal

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## Editorial Department.

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CHAS. CHASSAIGNAC, M. D.

ISADORE DYER, M. D.

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### THE AMERICAN MEDICAL ASSOCIATION IN THE SOUTHERN STATES.

It has been some years since the A. M. A. has held its session in the South and the coming meeting in New Orleans should be the occasion for gratification, not only to those located in New Orleans and Louisiana, but in the South generally.

The opportunity of attending the meetings of the National body has been much discounted by the distance from the homes of the physicians in this section.

Next year there should be no reason why the South should not be here in force. New Orleans is not unknown to the Gulf States as a medical center, and our festive Mardi Gras has been ever a means of gathering all kinds of people in this metropolis, doctors in the number.

We have considered the effort at organization already begun by the American Medical Association and its inauguration on a new basis. It remains for the rank and file of the profession to make this a success. It matters little whether we are all prepared to accept every idea of the scheme at present operative, so long as we are satisfied to acknowledge the need of wholesale organization and of the benefits to be derived therefrom. Incidentally the power which an organized body of higher intelligence must wield in the future is not beneath consideration.

Between this time and next May every Southern practitioner of medicine eligible to membership in the A. M. A. should qualify by subscribing to the necessary requirements for membership so that when New Orleans throws open her doors to the meeting it will be a matter of satisfaction to these Southern representatives that they have added to the success of that meet-



ing and to the furtherance of a higher standard for the medical profession in the United States.

We are too prone, we of the South, to quietly move along in the train of good work and by following good precept accomplish the general good quietly. But the American Medical Association needs that same effort directed at the effectiveness of its own operation as a national association.

We trust that our passing word may find lodgment in a ruminating brain, here and there, so that it may result in an active co-operation when the time comes.

At present the Southern membership in the A. M. A. is inadequately insignificant and it behooves all to join at once who have the price and the privilege.

If our contemporary medical periodicals from Texas to the Carolinas and Florida will join us in sounding the pibroch for organization we may succeed in stimulating among ourselves such a gathering of these Southern clans at the 1903 meeting of the A. M. A. as will make ourselves proud and the Association itself more potent.

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#### ARSENIC AND CANCER.

In concluding a friendly criticism of Mr. Jonathan Hutchinson's position that arsenic was provocative of the increase in cancer, the *Philadelphia Medical Journal* of July 26 jocularly concludes with the commentary that "Mr. Hutchinson and the editor of the *Practitioner* are contributing not a little to the gaiety of the profession."

We agree that Mr. Hutchinson is opinionated, but with the courage of what he considers logical convictions, in the matter of fish diet and leprosy; even in that theory he is not alone, nor indeed has his position been proven untenable in certain cases. We wish, however, to take issue with the editor of the *Philadelphia Medical Journal* in his wholesale condemnation of the arsenic theory of cancer.

It is now some time since the dermatologic branch of the medical profession has in large part condemned the general use, we might say abuse, of arsenic in the treatment of skin affections.

This has grown out of a very extended observation of the evil effects resulting from its long administration.

Jamieson, in his text on Diseases of the Skin, has related instances of new growths resulting from arsenic administration, of malignant type in some cases; Crocker calls attention to it; Carrieu has related instances of extensive warty growths on the hands (epithelial in origin, therefore) as the result of arsenic administration. Innumerable cases of pigment over-deposit and of nervous disorders have been reported from time to time, occasioned by arsenic (Morrow, Brocq, Mathieu, Devergie, Nielssen.).

The theory of cancer formation is not yet a closed question, and while newer propositions are being evolved from time to time, we should be chary of denying any one which carries a modicum of reason in it. We are not satisfied that Mr. Hutchinson has propounded a solution of the etiology of cancer; no more are we willing to accept the psorosperm, nor Gaylord's, nor other germ conceits as proven factors; but we are inclined to believe, with the acceptance of mosquito infection in malarial and icteroid fevers, that the medical faculty should go slow in condemning, even in passing jest, the serious conclusions of a man who has added so much to modern medicine as has Mr. Hutchinson.

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## Abstracts, Extracts and Miscellany.

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### Department of General Surgery.

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In charge of DR. F. W. PARHAM, assisted by DR. F. LARUE, New Orleans.

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THE TREATMENT OF MALIGNANT GROWTHS BY DOYEN'S SERUM.—A telegraphic dispatch in a recent issue of one of our daily papers announced, as secular papers usually do, with great positiveness the discovery at last of a successful remedy for cancer. As not a few discoveries of real merit first reach us through the medium of the daily press, it is always well for us, while not, of course, accepting the statements at once as facts,

still, on the other hand, not precipitately to conclude that such reports are absolutely unworthy of any consideration whatever because not coming to us through ethical channels. It is well for us to keep on the *qui vive* so that we may obtain the first reliable information. Thus, the first intimation we had of the discovery of Roentgen was through the daily press. Most of these statements, it is true, will be found, while having some basis, to prove worthless, but the medical man, who stands in the relation of authority to the public, ought as soon as possible to learn the facts so as to give his clients definite opinions on such matters. The question of cancer is one that appeals with peculiar force to the general public as well as to the medical profession. While so far little of real merit in the therapeutics of cancer has been discovered, still the field is one so worked up by charlatans that it behooves us as protectors of the public to try to show the difference between honest efforts of the scientific investigator and the wilful misrepresentations of the quack, whose only intent is to make money out of the gullibility of the easily deceived public. We have thought it of interest, therefore, to state clearly the purport of this claim of Doyen's, that we may inform our readers as to its real status.

On November 25, 1901, Doyen made a communication to the Academy of Medicine in Paris, in which he claimed to have discovered in carcinomatous lymph-glands a micrococcus, which he believed to be the cause of carcinoma and which he called micrococcus neoformans. He has now been able to find this micro-organism in a great variety of tumors; in cancer of the mammary gland, and the affected lymphatic glands, in cancer of the uterus, of the stomach and of its secondary nodes, in cancer of the ovary, of the rectum and of its peritoneal metastases, in lympho-sarcoma of the pleura, in spindle-celled sarcoma of the cervical glands, in muscle-sarcoma and in its metastases on the forearm in a child, and in the rapidly growing lipomata of the seminal cord.

In another series of tumors he succeeded in making no cultures. These tumors were all marked by absence of recurrence (dead tumors). On the other hand, in every case in which the cultures were pronounced, the recurrence was very rapid.

At the last meeting of the German Surgical Congress, held in Berlin in April, Doyen read a second paper on this subject,



and called attention further to a toxin derived from this micrococcus, with which he had obtained some encouraging therapeutic results. This paper of his is published in the proceedings of the Congress, *Centralbl. f. Chir.*, June 28, 1902.

He considers the pathogenesis of tumors in man to be connected with an irritation of the normal tissue elements, dependent upon the effort of the micrococcus neoformans to establish itself. Before he could assert the pathogenic power of his micrococcus, he considered it necessary to establish another fact, therapeutic in character. He found that injections of toxin of the micrococcus neoformans called forth in cases of carcinoma, previously reduced by hydrochlorate of quinin and cacodylic acid, a remarkable reaction, which gave good results in mild cases. In severe cases it is necessary to follow the specific treatment with an injection of a distinctly different fluid, which, possessing a peculiar activity, starts up after a time in the new formed tissue a change remarkable in character. We translate his concluding words: "If the action of this second fluid is too strong, I inject an 'Antitoxin.' Messrs. Albert Robin, Roux, Metschnikoff and Labadie-Lagrave have had the kindness to verify the condition of some patients with inoperable mammary carcinoma under my treatment. Many of these tumors are now found in the stage of resorption and show gradual substitution of the new formed by sound tissue without necrosis. The up-to-this-time obtained results are flattering and ought to be continued under the most rigorous scientific control. I do not yet venture the assertion that I have discovered the cause of cancer and a means of curing it; I will content myself with remarking, that I have succeeded in more than 400 instances in finding in tumor-sections a pure culture of a new microbe, which is pathogenic for animals, and that, starting from this point, I have instituted a new method of treatment, whose results surpass in inoperable cases all previous methods." We have given a rather full abstract of this article, because being written by himself for the *Centralblatt für Chirurgie*, it is a reliable statement of his views and claims. Doyen is so well known as a surgeon that anything published by him must be accorded full consideration, but time only can determine the real value of this as of all therapeutic suggestions.

## Department of Obstetrics and Gynecology.

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In charge of DR. P. MICHINARD, assisted by DR. C. J. MILLER,  
New Orleans.

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**POLYHYDRAMNIOS.**—At a recent meeting of the Obstetrical Society of Philadelphia, Dr. E. P. Davis reported five cases of polyhydramnios and briefly discussed its differential diagnosis, its etiology and its treatment. In one case there were twins, each fetus being in its own individual sac. One sac contained the normal quantity of amniotic fluid, the other two gallons. All fetuses showed defective development in one form or another.

The doctor said the pathology of the condition is not fully known. The placenta is often large and dropsical; Jungbluth's vessels enlarged, amnion and chorion thickened with extensive fissures in the epithelial layer of the amnion and fatty degeneration of the cells. He said that seven times more fluid passes through veins than through arteries of cord into placenta. "Any fetal condition causing venous engorgement tends to produce polyhydramnios." It is to be differentiated from ovarian cyst by duration of illness. In some cases cysts complicating pregnancy may be mistaken for polyhydramnios.

"Treatment by drugs is without value." No treatment is required when the disease is slight, not increasing, and the woman's health remaining good. Otherwise gestation should be terminated; but great care should be exercised to avoid a rapid emptying of the sac. Patient should wear a close-fitting abdominal binder during and after delivery, which delivery should be accomplished slowly. Occasionally there is an absorption of the excess of amniotic fluid following an abdominal section.

**THE CHOICE OF OPERATION FOR THE RELIEF OF RETRO-DISPLACEMENTS OF THE UTERUS.**—Judging from the titles of the many articles being presented before the various gynecological and obstetrical associations during this year it appears that the time of reckoning has come for the numerous procedures that have been suggested for relieving displacements, and a com-

parative study of the after effects of each operation affords some points of great interest. Dr. Joseph Taber Johnson (*American Journal of Obstetrics*, June, 1902) contributes a very valuable article which is more of a general summary than a relation of his personal work. He calls attention to Noble's review of the obstetrics results in 808 American cases of suspensio uteri and ventral fixation. Among the 808 were 56 pregnancies or 6.9 per cent. There were six abortions or 10.7 per cent.; 43 were delivered at full term or shortly before it. There were three deaths, of which two were not attributable to the operation, one dying of heart disease before labor, the other becoming septic before operation, due to a dead ovum. Therefore but one death—Noble's—Porro—a mortality of about two per cent. occurred as a direct result of the manipulations made necessary by the conditions consequent upon the operation. The complications in labor were: Forceps, 3; amputation of the pregnant uterus, 1; retained placenta, 2; sepsis before labor, 1; heart disease, 1; uncontrollable vomiting, 1; induced labor, 1.

The European statistics correspond closely to the American, according to the statistics collected by Gordon of Baltimore.

The conclusion of Jacobson, of Brooklyn, as to the influence of suspensio uteri and ventral fixation on fertility, are that apparently they *reduce* fertility, as *only* 56 became pregnant out of 808.

Polak declares there is no special tendency to induce abortions created by these operations. Kelly and Fry have both suspended the uterus during pregnancy without causing abortion. Johnson reports fifty of his personal cases, all treated by ventro suspension. Only one patient, so far as he knows, has been pregnant. She had a rapid and uncomplicated labor. All cases were successful, except one. In that case the displacement recurred and the operation was repeated recently.

TREATMENT OF INFLAMMATORY AFFECTIONS OF THE PELVIS BY BODILY POSTURE COMBINED WITH PRESSURE.—The *Journal of Obstetrics and Gynecology of the British Empire*, June, 1902, contains a lengthy extract of an article by L. Pincus, which appeared originally in Volkmann's *Samml. Klin. Vortr.*

The characteristic features of the method are moderate elevation of the pelvis and lower extremities and pressure internally



and externally exercised on the pelvic organs, as well as on the inflammatory exudations. Both forms can be used simultaneously. In order to produce pressure from without, bags filled with shot and weighing from 4 to 8 pounds are placed on the abdomen. It is not advisable to employ external pressure by itself, as the downward pressure on the pelvic organs might lead to increased congestion. This is prevented by using intravaginal pressure at the same time. An empty bag of gauze is introduced through a speculum into the vagina, while the patient is on the inclined plane, the bag is gradually filled with shot, then tied and pushed upwards.

The weight does not exceed two pounds. The newest method consists in exercising pressure by means of mercury; the pressure is more uniform.

It is often useful to combine this treatment with other methods, hot douches, baths, plugs, etc., especially when we have to deal with very hard masses which resist absorption. Now and then treatment has to be interrupted, and finally given up, in consequence of pain and rise of temperature. These are mostly cases where pus is forming.

Suppuration must be considered a clear indication for abandonment of the weight posture treatment. Operative interference then becomes necessary. Rise of temperature from half to a degree is no contraindication, but if there has been a considerable rise of temperature, then it is advisable to treat the patient for a time with hot douches, and begin the weight and posture later, when the condition has become chronic. In most cases it is sufficient to use the treatment at night only; the patient need not be kept in bed during the day. The author has treated 299 cases by this method. In about 10 per cent. the treatment had to be abandoned in consequence of acute symptoms supervening. In most of the other cases the treatment proved satisfactory, though in some, other methods had to be employed at the same time. Treatment occupied in each individual from five days to two months, the best results being obtained in cases of very hard pelvic exudates of old standing, which resisted other methods. Adhesions, on the other hand, are scarcely influenced. It also fails when suppurative foci are present.

## Department of General Medicine.

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In charge of DR. E. M. DUPAQUIER, New Orleans.

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**PATHOGENY OF THE SO-CALLED PARASYPHILITIC AFFECTIONS.**—The whole question of the so-called parasyphilitic affections must needs be revised. In the first place, the so-called parasyphilitic hysteria, neurasthenia, nervous and developmental disorders and changes are common affections pertaining as well to all other infections and intoxications as to syphilis. On the other hand, locomotor ataxia, general paralysis, leucoplasia lingualis, etc., are really syphilitic affections in origin and nature. They ought to be classed as atypical cases of syphilis. Is it not a fact that 90 per cent. of the cases of locomotor ataxia are seen in syphilitic subjects? Is it not probable that the others are directly due to conceptional, hereditary, ignored or dissimulated syphilis?

The absence of specific changes in locomotor ataxia is no proof against its syphilitic nature, since it is not fully demonstrated that all syphilitic changes to be regarded so, should have the character of those lesions formally recognized as typically syphilitic.

Again, the incurability of a lesion by specific treatment is no absolute proof that it is not syphilitic. Here lies the most important point in this question of parasyphilitic affections. For it is a certainty that a large number of tabetics are improved, at times cured, by mercury. It is probable that a larger number will be bettered when the specific treatment is carried out systematically in a continuous manner. Similar considerations can be propounded regarding general paralysis, leucoplasia lingualis, etc. Indeed, there is graded transition between the changes in these affections and the typically specific lesions of the brain, cord and tongue.—LEREDDE in *La Revue Médicale du Canada*, July 16, 1902.

**DIAGNOSIS OF WHOOPING COUGH.**—For obvious reasons, chiefly for isolation, it is most important to make a correct diagnosis as early as possible, a difficult matter by the way, in

many instances, unless during examination the patient is taken with a paroxysm and there occur in our presence the characteristic cough and whoop. Indeed, the information gathered from the usual questions and inquiry is uncertain. Examination itself is negative. The ulceration of the frenum linguæ is not constant, the puffiness of the face is hard to distinguish unless the normal appearance of the face is well known, the punctiform ecchymoses about the neck are often absent, auscultation reveals either nothing or simply the usual signs of a common case of bronchitis. There is only one way out of the difficulty: it is to cause a paroxysm of coughing in our presence and for that purpose many procedures are well known, viz.: tickling of the skin about the neck, light constriction of the thyroid cartilage, touching of the pharynx's fundus. But these and other physical or psychical exciting means usually employed are not always successful. The following never fails:

After disinfecting your forefinger, insert it in the patient's mouth, feel for the epiglottis at the base of the tongue, hook it up and enter the vestibule of the larynx, touch the superior vocal cords and quickly remove your finger. In no time this is done and in all cases of pertussis in which it is done, the characteristic paroxysm follows immediately. So, the diagnosis is safely made, safely by all means since the procedure is as harmless as it is reliable, while in the cases of young children a reflex is started which keeps the mouth opened as soon as the finger touches the epiglottis, and thus prevents it from being bitten.—VARIOT, in *Journal de Médecine et de Chirurgie Pratiques*, July 10, 1902.

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### Miscellaneous.

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NEW WEARING APPAREL AND HYGIENE.—Dr. Heidingsfeld, of Cincinnati, remarks the observation of an unusual amount of cutaneous affection during the spring and fall. A close study will impress even the more unobserving that this pertains not only to the types which are generally classed with the infectious diseases, *e. g.*, zoster, purpura, etc., which, like the acute infectious exanthemata, prevail more extensively during these sea-



sons of the year, but particularly as regards the forms which are caused by vegetable parasites, notably, herpes tonsurans corporis, and pityriasis rosea.

Casual observation will generally reveal that during the first few weeks following a material change of the temperature from cold to warm, or from warm to cold, there is an undue prevalence of these affections. An examination into the history of these cases will almost invariably disclose that a few weeks prior to the appearance of the eruption the patient made a change of underwear, which usually has been obtained fresh from the shops without previous washing and ironing. If it is not new underwear in question, it is underwear which, after being stored away for several seasons, generally in some damp place, conditions favorable for the development and growth for the pathogenic mould, without washing at the time it is applied to the body. The writer remarks:—

There have recently come to my notice several cases which have very forcibly impressed me with the manner in which some of these diseases are contracted. On November 21, 1901, Mrs. H. brought three of her children, Margaret aged eleven, Mildred aged six, Julia aged nine, with an affection involving one or both lower extremities in each, in the form of small, well-defined, characteristic patches of herpes tonsurans, varying in size from approximately a silver ten-cent piece to a silver half-dollar. A younger daughter, aged four years, and an older son, aged fourteen years, were free from the affection. In all the cases the patches, which were limited to not more than five or six in each, extended not lower than the ankle, and not higher than a short distance above the knee, to the garter line. The duration of the process was about two weeks, and manifested itself at the same time in each case.

It was an easy matter to conjecture the cause. About four weeks prior to the time the mother had purchased for the three children in question new black, ribbed stockings, which the children wore fresh from the shop without previous washing, and were wearing at the time of their first visit. The oldest and youngest child had not been so well provided for, and were spared the infection.

Underwear and hosiery, to say nothing of numerous other forms of wearing apparel, are manufactured to a very large ex-

tent in sweat shops, situated for the most part in the tenement districts of our large cities, and operated by that large foreign element among whom contagious diseases of this type are endemic, in order to insure its cheapest production. They are generally knit upon machines, which are operated by men, women and children who having no overseer, are licensed to come in intimate contact with every portion of a finished product—thread, wool and all—without any restrictions as to their physical condition, or of their general hygienic surroundings. It is among this class of people in particular that disease in its most infectious form is most commonly prevalent.

Another striking example of this method of infection occurred in E. S., aged four, whose mother brought her to my notice on December 27, 1901, with patches of herpes tonsurans of three weeks' duration on the dorsal aspect of the hands. Towards the end of November the mother had provided the child with black knit mits, which were worn fresh from the shops without being subjected to any form of disinfection.

In some of the local manufacturing clothing houses I am frequently called to see members of the firm and employees, who show marked evidences of herpes tonsurans, usually on exposed surfaces, hands and face, acquired no doubt from handling finished products from the so-called sweat shops.

Judging from clinical and private experience during the past few years, these forms of infection are materially increasing in frequency, a condition which, in a measure, is attributable, I believe, to the return of our American soldiers from their recent campaigns. The greater source of danger, and probably the most common means for disseminating the contagium, is the indiscreet use of wearing apparel, and if the profession would strive to disabuse the minds of the laity from believing that everything new is clean, and that everything new, if practical, should be freshly washed and ironed, much would be accomplished toward eliminating these distressing forms of infection.  
—*Cincinnati Lancet Clinic.*

TUA TUA IN LEPROSY.—*Tua Tua* is the preferred common Spanish name of *Jatropha Gossypifolium*. A widely copied article on its merits in the cure of leprosy was published in the *Venezuela Agriculturist* for 1898. The name was also used in con-

nection with a fluid extract and a compound syrup of the plant which are put up by Mr. Frederick Schemel, Maracaibo, Venezuela. In the valley of the Cucuta, in Venezuela, the plant is known as *Frailejon*, *purgo* or *pulgo*.

It is an herbaceous shrub with soft, turgid stems, 3 to 6 feet high; glandular, viscid, palmately 5-parted leaves; small, garnet colored flowers and soft velvety 3-seeded capsules, about a third of an inch in diameter.

The attention of the Division of Botany was first called to this plant through a brief communication from United States Consul E. H. Plumacher, of Maracaibo, dated August 1, 1898. Subsequent letters received from the same source have furnished us with nearly all of the information on the subject which we have been able to gather together. Living plants have been forwarded to us by Consul Plumacher and these have been successfully raised both here in our test house and at Honolulu in the Sandwich Islands. Several quarts of Schemel's extract and of his compound syrup are now being tried in the Sandwich Islands under the general supervision of Surgeon General Wyman of the Marine Hospital Service. The results achieved thus far are promising, but sufficient data has not been obtained to fully justify the claims which have been made for the plant as a cure for leprosy.

With the single exception of the investigation referred to above, the present reputation *Tua Tua* of plant as a cure for leprosy is based on two or three alleged cures made in Venezuela and cited by a Catholic priest, Father A. Valderama, who was especially interested in the remedy on account of having a nephew who was afflicted with the disease. This nephew had been afflicted for four years and had had his face, hands and back covered with tubercles for three years. He first took two ounces of the juice diluted with water. The action was not so violent as had been anticipated. This was thought to be due to the weakness of the mixture. The good results soon became apparent, however, the patient losing his livid color and the number of the tubercles greatly diminishing. After eight days a similar dose was taken, and finally, after some time, a purge was taken which consisted of an ounce of the pure juice. This caused severe cramps and abundant ulceration for a day and a half. The tubercles then began to diminish in size. On the



fourth day some of them were like pimples, while others had entirely disappeared. The color of the patient had already become natural, the flesh hardened, and the whole aspect of the man was that of a healthy person.—E. V. CHESNUT, *in charge of Poisonous Plant Investigations, Bureau of Plant Industry, Department of Agriculture*.—Personal communication to the JOURNAL.

GLYCO-THYMOLINE IN THE SUMMER DIARRHEAS OF CHILDREN.—Three forms can be recognized; acute dyspeptic diarrhea is chiefly due to errors in diet or over frequent nursing. Dentition and summer heat may contribute. Good results were obtained, in conjunction with a regular diet, from the following:

Bismuth subnitrate.....	1 drachm.
Tinct. opium deod.....	10 drops.
Glyco-thymoline.....	2 ounces.
Rose water ad .....	4 ounces.

One teaspoonful every three hours. (For child one year of age.)

In cholera infantum a bath containing glyco-thymoline at about 80 deg. F., with 1-100 grains of morphin sulphate for pain and stimulation with strychnin, brandy or whisky. The large intestine may be irrigated with warm water containing 25 per cent. of this remedy, introduced through the rectum.

Acute entero-colitis affects especially the lymph follicles and occurs between the ages of 6 and 18 months. Anodynes are demanded and salines are indicated. The colon is flushed with a 25 per cent. solution of the glyco-thymoline which may be mixed with ice water.

Five cases are reported treated upon the above indications. The first recovered promptly under the prescription containing

Glyco-thymoline .....	2 ounces.
Bismuth subnitrate .....	1 drachm.
Rose water to make.....	4 ounces.
Together with flushing of the bowels as above indicated.	

The second case, aged 7 months and a half, with a history of watery discharge from the bowels, incessant vomiting and a temperature of 103½, with a rapid and feeble heart. Recovery was slow but successful. The bowels were washed with a 40 per cent. solution, and teaspoonful doses every two hours were given with a 50 per cent. solution of the remedy in peppermint water.

Cases 3-4-5 were routine cases, responding to the general indications above.—M. A. AUERBACH, PH. G., M. D.

## Society Proceedings.

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### Orleans Parish Medical Society.

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MEETING OF JULY 12, 1902.

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DR. GORDON KING reported a case of *Bilateral Frontal Empyema, operated by the method of Kuhnt, Loss of Sight in one Eye from Optic Atrophy.*

#### DISCUSSION.

DR. PARHAM: To diminish deformity such as was evident in Dr. King's patient, Senn's bone chips might be employed after the suppuration had been checked. They acted simply as a scaffold of the blood vessels. Good results might be expected therefrom and the cavity would be much reduced in size. Martin, of Paris, had suggested the use of a platinum support, which had been used with excellent results in nasal plastic work.

DR. KING did not think the circumstances favorable to the growth of bone chips. The cavity was a dry one and there would be no granulations to act as a nidus for the growth of the chips.

DR. RUDOLPH MATAS read a *Report of a case of intussusception of the small intestine, in which death occurred from secondary lesions 35 days after a slough of the bowel (13 inches long) had been eliminated and the patient had apparently recovered.*

#### DISCUSSION.

DR. STORCK asked if a post-mortem had been held and what the condition of the bowel was.

DR. MATAS replied that there had been no post-mortem held.

DR. PARHAM: No one could find fault with the judgment which had dictated the course pursued by Dr. Matas in the case related. In a case of this kind, coming to the surgeon 35 hours after the occurrence of the intussusception, the best available experience sustained the statement that the patient's chances

were greatest under the expectant treatment; operative intervention added an additional risk to the case. The most careful study of statistics showed that early treatment only could be expected to give a small mortality. Fortunately, the early signs of intussusception were almost characteristic: the sudden onset, marked by pain and collapse and the early discharge of mucus and blood with a small amount of feces. If treatment could be at once instituted the mortality would be markedly reduced.

The question might with reason arise at first whether laparotomy should be immediately resorted to or the method by rectal injection of air or water be first tried. The speaker believed that there was a time when such treatment deserved serious consideration. Wiggin, in his valuable statistical report, had given a list of 39 cases treated by enema alone. Of these, 16 had been permanently relieved. Some of the remainder might undoubtedly have been relieved by laparotomy, but often it would be found that the enema would be the only treatment permitted by the parents until the case was already far advanced. The objections to the enema treatment were that it was uncertain—only by the lapse of time could one tell whether the last inch of the investigation had been unfolded—and, furthermore, it occasioned delay and was dangerous. When one resorts to this method of treatment, he should have definite ideas of the amount of force it might be justifiable to use. Experiments on the cadaver were not entirely reliable in their indications, for a much greater pressure could be used on the dead, but healthy intestine than would be safe to employ on the intussuscepted bowel, subjected as it had been to the softening changes incident to the inflammatory process, resulting from the more or less prolonged invagination. A good rule might be, that for a child under one year of age, not more than a pint or a pint and a half of saline solution should be introduced, at an elevation not to exceed three feet, which would give a pressure of about one and a half pounds to the square inch. Moreover, the surgeon should not undertake to carry out this plan of treatment without having the distinct intention of immediately resorting to a laparotomy after the failure of one enema carefully but thoroughly carried out. After 48 hours, chances of success by laparotomy became very slight. This was shown distinctly in the valuable statistical paper of Gibson. He reported 239 cases of intussusception treated by various methods.



He had classified them into the reducible and the irreducible forms. It was apparent at once from a study of these tables that the mortality of the cases where the invagination could be pulled out without cutting the bowel was distinctly better than those in which the invagination could only be relieved by some cutting operation on the gut. But even in these latter cases the results had improved in late years.

Regarding the technic of the operative procedures for intussusception, he called attention to an operation that was now coming decidedly into favor of surgeons. He referred to Maunsell's operation for intussusception. This operation might be considered, technically, a further stage of the procedure suggested by Jessett and others, which consisted in opening the intussusceptions, cutting off the damaged part of the intussusceptum and suturing the slit. In the Maunsell operation, the intussusceptum was pulled boldly through the slit, completely removed, and the enterorrhaphy having been completed, the bowel was drawn back and the longitudinal slit closed. He thought the fears heretofore of surgeons of penetrating the lumen of the bowel had been exaggerated and the results of the Maunsell procedure proved this. In the procedure recently advocated by Dowd, the same principle was carried out. In this the ends were brought together by suture applied as far as possible within the bowel, only the last few stitches being put in on the outside. A second row of sutures could be put in on the outside, if considered advisable. Both in this and in the Maunsell procedure apposition was much firmer and the danger of leakage from the lumen very much less. The tendency of the present day was undoubtedly towards the abandonment of mechanical aid in intestinal suture.

As regards the operation to be selected in cases of intussusception, complete resection, with end-to-end or lateral apposition, anastomosis around the intussusception and artificial anus were to be considered. The objection to anastomosis was that although the continuity of the bowel channel was restored, a septic mass was left behind in the abdominal cavity and this would be a grave danger. As to artificial anus, he thought the statistics referred to from Dowd's article by Matas demonstrated that resection with enterorrhaphy gave a much lower mortality, and even where artificial anus had been done, there was a further mortality attending the cure of this condition. He, therefore,

avored resection in cases where the procedure of Jessett could not be carried out with advantage, reserving artificial anus for a small number of cases where the condition of the patient would not give time for the somewhat longer procedure. But he wished to emphasize, in conclusion, the view that the mortality of intussusception would always be large until the practitioner learned to recognize these cases early and to apply timely treatment. When the case had progressed to a point where the bowel had to be cut in order to reduce the invagination, the condition was grave and every procedure would give a high mortality.

DR. NELKEN asked if there were any statistics in the literature showing the percentage of return of the trouble when simple reduction of the bowel was done. Would not a shortening of the mesentery be necessary?

DR. MCGEEHEE: The logical deduction from Dr. Matas' case, supported by statistics recited, was *that the surgeon should insist on an operation* after spontaneous amputation of invaginated portion of the bowel had occurred, for it was from contraction of the lumen of the bowel due to cicatricial tissue that the obstruction returned and ended fatally in such large proportion of cases, even after nature had done the work and apparently cured the patient.

DR. J. F. OECHSNER asked what was Dr. Matas' theory as to the immediate cause of death. Had there been a perforation?

DR. TERRETT (guest of the Society) recalled a case of a negro child five years old who had been seized three days before coming under his care with sudden and violent pains over the abdomen, subsequently followed by nausea and vomiting. Small doses of paregoric had been administered at the onset of the attack by the parent to relieve pain. On the second day, enemata of soapsuds and small doses of salts were administered, as the abdomen showed a tendency to distend, but neither fecal matter nor flatus was passed. When seen by the doctor every evidence of extreme shock was present and upon examination the abdomen was found enormously distended and tympanitic, respiration embarrassed, pulse between 150 and 160 and axillary temperature was 99 deg. F. Careful palpation of the abdomen failed to disclose any local mass or tumor. Celiotomy advised and while awaiting the consent of the parents (who lived some

distance away), a hypodermatic injection of atropin 1-120 and strychnin 1-160 was administered, while a high enema of soap-suds and glycerin was given, but with negative results. The patient succumbed very shortly afterwards. Autopsy revealed an ileo-cecal intussusception. The appendix was strikingly elongated,  $6\frac{1}{2}$  or 7 inches long. A second case related was that of a white child four years old who was admitted to the children's ward of the Charity Hospital. The patient gave the usual history of sudden onset and presented all the pathognomonic signs of acute obstruction. The child succumbed before anything could be done. A post-mortem disclosed an ileo-cecal intussusception. These two cases were interesting, because (1) they bore out the general opinion as to the greater frequency of intussusception in children, and (2) they illustrated the most common form of invagination—viz., the ileo-cecal variety. A third case was that of a colored boy eighteen years old, who had been suddenly seized the day prior with the usual abdominal pains and vomiting. When seen by the doctor, the common symptoms of acute obstruction were present. Abdomen was distended and tympanitic. Palpation negative as to any local mass in abdomen; respiration slightly labored; temperature normal; pulse, 110 to 115. Rectal examination negative. Atropin sulph. 1-6 was given every four hours until complete physiologic effects were felt, and high injections of soap-suds and glycerine alternately with olive oil were also given. Laparotomy was decided upon to be done next morning in event treatment was not efficacious. At the end of twelve hours bowels had moved copiously and patient made an uneventful recovery. The happy result might be attributed to the use of atropin in the incipency of the trouble.

DR. PARHAM said that when he had made the statement that after forty-eight hours laparotomy was almost useless he had reference to a few cases. When at the Charity Hospital he had seen in one week in one ward two patients who had discharged a considerable portion of bowel per anum. One patient, when he left, had a banana under his pillow. Statistics on intussusception were extremely fallacious and anything could be proven by them. Comparatively few cases were reported. For instance, Dr. Abraham Jacoby had recently said that he had not reported a case in forty years, though, necessarily, he must have seen a great many in that time.



DR. MATAS (closing the discussion), replying to Drs. Storek and Oechsner: The patient died at his home in Hattiesburg and no post-mortem was held. On this account it was difficult to state precisely what was the immediate cause of death; but the history of the case and the clinical evidence all pointed distinctly to perforation due to ulceration and rupture of the bowel on a level with the constriction left after the detachment of the sloughed intussusceptum. The contents of the bowel had been rendered liquid by purgation, and thus there was greater possibility of rapid leakage into the peritoneal cavity after rupture or perforation of the dilated bowel above the obstruction.

He agreed with Dr. Parham in many of the valuable points he had presented, and regretted that he could not discuss the question of technic, as this was too large a subject to consider in detail. Much as he favored Maunsell's operation in other conditions, he believed that it was contraindicated in dealing with a gangrenous intussusceptum, because of the great risk of septic contamination, in opening the gut and spilling the putrid contents of the bowel. He believed that the cleanest and most expeditious method of draining the bowel above the obstruction was by the use of Paul's tubes, which could be introduced with a minimum of shock and the least exposure of the peritoneal cavity. After the bowels had been drained, the ideal procedure was total resection and circular enterorrhaphy.

Dr. Nelken's point was well taken, but no light could be thrown on this question by statistics. Notwithstanding the greater frequency in early operations in recent years, the cases were comparatively few in which the reduction of the invagination had been attempted in the first 24 hours, before fatal strangulation of the intussusceptum had taken place.

He had assisted the late Dr. Loeber in a case of ileo-cecal intussusception, at the Touro Infirmary three years ago, and had been impressed with the simplicity of the operation in the period of simple incarceration. In this case, which presented the symptoms of appendicitis (a boy of 12 years), the operation was undertaken within the 24 hours and the operator had experienced absolutely no difficulty in effecting the reduction of the ileum, which had been telescoped into the cecum for a distance of several inches. The fear that the intussusceptum might be ruptured, just as Dr. Nelken suggested, had led Dr. Loeber on

that occasion to insert a few sutures in the mesentery as a prophylactic measure. This patient made an uninterrupted recovery.

He agreed fully with Dr. McGehee that after an experience such as the one he had related, an operation should be performed immediately after the re-appearance of the first symptoms of obstruction.

He was very partial to the use of belladonna or atropin in almost all forms of intestinal obstruction, but believed it to be especially efficient in the paralytic or adynamic forms. Belladonna and atropin acted as intestinal sedatives and did not paralyze the bowels—in this sense, they were valuable therapeutic auxiliaries, but powerless in the presence of mechanical obstacles.

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## American Medical Association Notes.

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NEXT MEETING IN NEW ORLEANS, MAY 5, 6, 7 AND 8, 1903.

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### GENERAL OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION, 1902-1903.

President, Frank Billings, Illinois; First Vice President, J. A. Wither-  
spoon, Tennessee; Second Vice President, G. F. Comstock, New York;  
Third Vice President, C. R. Holmes, Ohio; Fourth Vice President, James  
H. Dunn, Minnesota; Secretary-Editor, George H. Simmons, Illinois;  
Treasurer, Henry P. Newman, Illinois; Chairman Committee of Arrange-  
ments, Isadore Dyer, 124 Baronne Street, New Orleans, La.

*Board of Trustees*—Miles F. Porter, Fort Wayne, Ind., 1903; E. Fletcher  
Ingals, Chicago, 1903; W. L. Rodman, Philadelphia, 1903; W. W. Grant,  
Denver, 1904; John F. Fulton, St. Paul, Minn., 1904; T. J. Happel, Pres-  
ident, Trenton, Tenn., 1904; E. E. Montgomery, Philadelphia, 1905; H.  
L. E. Johnson, Secretary, Washington, D. C., 1905; A. L. Wright, Car-  
roll, Iowa, 1905.

*Judicial Council*—Term expires 1903: F. H. Wiggin, Secretary, New  
York; G. B. Gillespie, Tennessee; D. C. Payton, Indiana. Term expires  
1904: T. C. Martin, Ohio; J. B. Roberts, Pennsylvania; Christopher  
Tompkins, Virginia. Term expires 1905: Philip Marvel (Chairman), New  
Jersey; George Cook, New Hampshire; N. S. Davis, Jr., Illinois.

*Oration on Medicine*—J. M. Anders, Philadelphia, Pa.

*Oration on Surgery*—A. F. Jonas, Omaha, Neb.

*Oration on State Medicine*—Wm. H. Welch, Baltimore, Md.

## OFFICERS OF SECTIONS.

*Practice of Medicine*—Chairman, W. S. Thayer, Baltimore; Secretary, James B. McElroy, Stoval, Miss. Executive Committee—George Dock, Ann Arbor, Mich.; J. M. Anders, Philadelphia; Frank A. Jones, Memphis, Tenn.

*Obstetrics and Diseases of Women*—Chairman, A. Palmer Dudley, New York City; Secretary, C. L. Bonifield, Cincinnati, Ohio. Executive Committee—W. E. B. Davis, Birmingham, Ala.; Henry P. Newman, Chicago; J. H. Carstens, Detroit, Mich.

*Surgery and Anatomy*—Chairman, James E. Moore, Minneapolis; Secretary, John C. Munro, Boston. Executive Committee—H. O. Walker, Detroit; A. J. Ochsner, Chicago; DeForest Willard, Philadelphia.

*Hygiene and Sanitary Science*—Chairman, H. M. Bracken, Minneapolis, Minn.; Secretary, G. T. Swarts, Providence, R. I. Executive Committee—Arthur R. Reynolds, Chicago.

*Ophthalmology*—Chairman, John E. Weeks, New York City; Secretary, Frank Todd, Minneapolis, Minn. Executive Committee—H. V. Wurde-mann, Milwaukee; J. A. Lippincott, Pittsburg, Pa.; Frank Allport, Chicago.

*Diseases of Children*—Chairman, John C. Cook, Chicago; Secretary, Thos. S. Southworth, New York City. Executive Committee—Edwin Rosenthal, Philadelphia; Samuel W. Kelley, Cleveland; H. M. McClanahan, Omaha.

*Stomatology*—Chairman, M. L. Rhein, New York; Secretary, Eugene S. Talbot, Chicago. Executive Committee—M. H. Fletcher, Cincinnati; R. R. Andrews, Cambridge, Mass.; A. H. Peck, Chicago.

*Nervous and Mental Diseases*—Chairman, F. W. Langdon, Cincinnati; Secretary, F. Savary Pearce, Philadelphia, Pa. Executive Committee—Hugh T. Patrick, Chicago; H. A. Tomlinson, St. Peter, Minn.; Richard Dewey, Wauwatosa, Wis.

*Cutaneous Medicine and Surgery*—Chairman—John A. Fordyce, New York; Secretary, R. R. Campbell, Chicago. Executive Committee—L. Duncan Bulkley, New York; W. L. Baum, Chicago; Henry W. Stelwagon, Philadelphia.

*Laryngology and Otology*—Chairman, Geo. L. Richards, Fall River, Mass.; Secretary, J. F. Barnhill, Indianapolis, Ind. Executive Committee—C. R. Holmes, Cincinnati; J. N. Mackenzie, Baltimore; G. Hudson Makuen, Philadelphia.

*Materia Medica, Pharmacy and Therapeutics*—Chairman, Solomon Solis-Cohen, Philadelphia; Secretary, C. S. N. Hallberg, Chicago. Executive Committee—Leon L. Solomon, Louisville, Ky.; N. S. Davis, Jr., Chicago; George F. Butler, Alma, Mich.

*Physiology and Pathology*—Chairman, Victor C. Vaughan, Ann Arbor, Mich.; Secretary, Joseph McFarland, Philadelphia. Executive Committee—W. S. Hall, Chicago; L. Hektoen, Chicago; Frank B. Wynn, Indianapolis.



## MEMBERSHIP IN THE AMERICAN MEDICAL ASSOCIATION.

The qualifications for membership require that the applicant be a member, in good standing, of his State association or of a district or country society recognized by such State association. A list of these societies will be sent on request. Applications must be accompanied with a certificate showing that the applicant is an active member of such recognized society, and should be sent with the annual dues—five dollars—to the treasurer, Dr. Henry P. Newman, 438 La Salle avenue, Chicago. Members receive *The Journal* free. Subscribers to *The Journal* may become members of the ASSOCIATION without additional expense if they are members of medical societies recognized by the ASSOCIATION. Those desiring to have their names transferred from the subscription to the membership lists should send certificates as above, with a receipt for their subscription to *The Journal*, covering the current fiscal year.

## FISCAL YEAR.

The fiscal year of the AMERICAN MEDICAL ASSOCIATION is from January 1 to December 31; and the annual dues paid by a new member cover only the fiscal year, no matter at what time of year the membership is obtained. Those who pay their dues and join the ASSOCIATION at the annual meeting in June, for instance, pay only for the fiscal year which ends with the December following, and the annual dues for the following fiscal year are payable the succeeding January, at which time the treasurer sends a statement to each member. Such members, however, are entitled to *The Journal* for the full year, even though the membership be not continued.

MEMBERS OF THE AMERICAN MEDICAL ASSOCIATION, residents of New Orleans, are as follows:

Dr. P. E. Archinard,	Dr. S. L. Henry,	Dr. R. Matas,
Dr. J. D. Bloom,	Dr. R. Hopkins,	Dr. C. J. Miller,
Dr. S. E. Chaillé,	Dr. Otto Joachim,	Dr. J. M. Monette,
Dr. I. M. Cline,	Dr. Q. Kohnke,	Dr. J. F. Oechsner,
Dr. O. Czarnowski,	Dr. W. Kohlman,	Dr. F. W. Parham,
Dr. T. S. Dabney,	Dr. C. Landfried.	Dr. W. M. Perkins,
Dr. S. P. Delaup,	Dr. F. A. Larue,	Dr. L. De Poorter,
Dr. Isadore Dyer,	Dr. J. Laurans,	Dr. L. F. Reynaud,
Dr. E. D. Fenner,	Dr. L. G. Le Beuf,	Dr. A. W. de Roaldes,
Dr. F. Formento,	Dr. I. I. Lemann,	Dr. J. N. Roussel,
Dr. S. M. Fortier,	Dr. E. S. Lewis,	Dr. R. W. Salter,
Dr. G. J. Friedrichs,	Dr. S. Logan,	Dr. W. Scheppegegrell,
Dr. A. B. Gaudet,	Dr. P. B. McCutcheon,	Dr. L. Sexton,
Dr. P. Gelpi,	Dr. M. H. McGuire,	Dr. E. Souchon,
Dr. H. B. Gessner,	Dr. R. J. Mainegra,	Dr. L. A. Wailes,
Dr. E. J. Graner,	Dr. L. J. Maloney,	Dr. A. Weber.
Dr. J. B. Guthrie,	Dr. E. D. Martin,	

## Louisiana State Medical Society Notes.

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Next meeting in New Orleans, Tuesday, Wednesday and Thursday, April 28, 29 and 30, 1903. President, Dr. Isadore Dyer, New Orleans; Recording Secretary, Dr. Wm. M. Perkins, 163 University Place, New Orleans; Corresponding Secretary, Dr. A. G. Friedrichs, 641 St. Charles street, New Orleans; Treasurer, Dr. H. S. Cocram, 124 Baronne street, New Orleans; Chairman, Committee of Arrangements, L. G. LeBeuf, 124 Baronne street, New Orleans.

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MEMBERS IN ARREARS should remit at once to the recording secretary, Dr. Perkins, in order to receive the transactions and the JOURNAL, the official organ of the society.

THE PRESIDENT HAS APPOINTED THE FOLLOWING CHAIRMEN of sections and openers of discussions:

### LIST OF SECTIONS WITH CHAIRMEN AND PARTICIPANTS APPOINTED BY THE PRESIDENT.

GENERAL MEDICINE.—Chairman, Dr. R. B. Paine, Mandeville. To open discussion, Dr. E. L. McGehee, New Orleans; Dr. J. F. Pigott, Covington; Dr. I. M. Callaway, Shreveport.

SURGERY.—Chairman, Dr. F. W. Parham, New Orleans. To open discussion, Dr. Randell Hunt, Dr. T. E. Schumpert, Shreveport; Dr. Felix A. Larue, New Orleans.

NEUROLOGY, INCLUDING MENTAL DISEASES.—Chairman, C. D. Simons, Dutch Town. To open discussion, Dr. P. E. Archinard, New Orleans; Dr. G. A. B. Hays, Jackson; Dr. St. M. Fortier, New Orleans.

MATERIA MEDICA AND THERAPEUTICS.—Chairman, Dr. N. D. Vance, Shreveport. To open discussion, Dr. S. D. Porter, Moreauville; Dr. R. W. Seay, New Orleans.

DISEASES OF CHILDREN.—Chairman, Dr. E. M. Dupaquier, New Orleans. To open discussion, Dr. G. R. Fox, Moreauville; Dr. L. Abramson, Shreveport.

OBSTETRICS AND GYNECOLOGY.—Chairman, Dr. C. Jeff. Miller, New Orleans. To open discussion, Dr. F. S. Furman, Shreveport; Dr. R. C. Webb, Rayne; Dr. L. Périlliat, New Orleans.

GENITO-URINARY DISEASES.—Chairman, Dr. A. R. Trahan, Lafayette. To open discussion, Dr. Chas. Chassignac, New Orleans; Dr. T. P. Singletary, Baton Rouge.

DERMATOLOGY.—Chairman, J. N. Roussel, New Orleans. To open discussion, Dr. Ralph Hopkins, New Orleans.

OPHTHALMOLOGY.—Chairman, Dr. G. C. Chandler, Shreveport. To open discussion, Dr. R. W. Salter, New Orleans; Dr. J. R. Fridge, Baton Rouge.

OTOLOGY.—Dr. Gordon King, New Orleans. To open discussion, Dr. C. J. Landfried, New Orleans.

MEDICAL JURISPRUDENCE.—Chairman, Dr. Fred. J. Mayer, Scott. To open discussion, Dr. Q. Kohnke, New Orleans.

QUARANTINE.—Chairman, Dr. A. Nolte, New Orleans. To open discussion, Dr. F. M. Thornhill, Arcadia.

BACTERIOLOGY.—Chairman, Dr. O. L. Pothier, New Orleans. To open discussion, Dr. John J. Archinard and Dr. W. B. Robertson, New Orleans

ANATOMY AND PHYSIOLOGY.—Chairman, Dr. C. H. Irion, Benton. To open discussion, Dr. S. P. Delaup, New Orleans; Dr. H. L. Ducrocq, Lafourche Crossing.

SANITARY SCIENCE.—Chairman, Dr. R. L. Randolph, Alexandria. To open discussion, Dr. G. F. Patton, New Orleans.

ORAL SURGERY.—Chairman, Dr. A. G. Friedrichs, New Orleans. To open discussion, Dr. J. A. Storck, New Orleans.

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## Medical News Items.

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MEDICAL APPOINTMENTS BY THE GOVERNOR.—Gov. Heard has appointed as members of the Board of Health of the city of Shreveport, Drs. J. C. Egan, F. S. Furman and D. B. Hamilton; as member of the Louisiana State Board of Medical Examiners, Dr. C. D. Simmons, Dutch Town, La.

THE PRESIDENT OF THE LOUISIANA STATE BOARD OF HEALTH has circularized the police juries and local Boards of Health in the matter of recent legislation regarding health officers, health boards and the law affecting vaccination:

1. Vaccination shall not be made compulsory except in cases of children attending the Public Schools of a Parish where Smallpox prevails, and when the same shall have been recommended by a majority of the local Board of Health.

2. Any violations of any provision or provisions, or regulation or regulations of the Sanitary Code shall constitute a misdemeanor and the offender shall be punished by a fine of twenty-five (\$25) dollars or thirty days imprisonment in the Parish Jail for each and every offense, on conviction before any court of competent jurisdiction.



3. The Police Jury of each parish shall immediately after the promulgation of this Act, and hereafter not later than the third regular meeting of the new Police Jury term, elect and appoint a Parish Board of Health to consist of three persons, said board to be composed of a duly licensed and registered physician, a resident of said Parish, who shall be Chairman of said Board of Health and Health Officer, and the two other members of said board shall be selected from the Police Jury of said parish.

4. The term of no Parish Board shall continue longer than that of the body by which it was appointed.

5. The Chairman and Health Officer of a Municipal Board shall receive such an annual salary as the City Council or legislative body of said municipality may fix and pay.

6. The persons appointed to constitute the City Board of Health shall serve during the term of the body by which they were elected.

MARRIED.—Dr. Louis J. Genella and Mrs. Cecil Hans, July 24, 1902. Both of this city.

NEW ORLEANS DEATH RATE.—*The Journal of the American Medical Association* for August 2, quotes the Marine Hospital service report as showing Chicago with the lowest death rate for 1901, with a death rate of 13.88 per 1000 and Charleston with the death rate of 29.11, the highest among the larger cities. Other large cities instanced were: St. Louis, 17.67; Philadelphia, 18.27; Cincinnati, 18.88; San Francisco, 19.34; Boston, 19.70; New York, 20; Baltimore, 20.23; Washington, 21.14, and New Orleans, 21.44 [21.04, according to New Orleans Board of Health].

We believe that it is fair to all of the Southern cities to qualify these figures with a consideration of the negro population, in New Orleans comprising about 80,000 in 300,000 total population, and with a death rate always 50 per cent. higher than the white. The death rate for 1901 in New Orleans was 18.06 per 1000 for the white and 29.70 per 1000 for the negro population; in reasonable argument presenting a very much more favorable state of affairs than the figures as given without explanation by the Marine Hospital Service.

HAVANA LEPCERS.—The present leper hospital in Havana, San Lazaro, is in the heart of the city. It is reported that Dr. Bustamante has impressed upon President Palma the need of closing this lazaretto and of establishing a leper colony on one of

the islands off the south coast of Cuba to remove any contingency of further exposure of the people to contagion.

AMERICAN ASSOCIATION OF MEDICAL EDITORS.—This association held several interesting meetings at the Y. M. C. A. Hall, Saratoga Springs, the day preceding the opening of the American Medical Association. Many excellent papers were presented. *The American Medical Journalist* was again made the official organ of the association. The session closed with a dinner at the Kensington Hotel.

The following officers were elected for the ensuing year: President, Dr. Winslow Anderson, San Francisco; Secretary, Dr. J. McDonald, Jr., New York City.

DIED—On August 6, 1902, Dr. Erasmus Darwin Beach died at his home in Baronne street. Dr. Beach was one of the best known physicians in New Orleans and in many ways identified himself with professional work. He was a member of the local Medical Society and identified with it since its organization. The deceased leaves a number of children and many grandchildren with whose bereavement the JOURNAL warmly sympathizes.

THE OLD DOMINION JOURNAL of Medicine and Surgery, of Richmond, Va., has made its bow to the public, under the editorship of Dr. Greer Boughman, with Dr. A. B. Greiner as associate Editor. The initial number is interesting as reflecting the local medical thought.

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## Book Reviews and Notices.

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*All new publications sent to the JOURNAL will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the JOURNAL to review as many of the works received as possible, the editors will be guided by the space available and the merit of the respective publications. The acceptance of a book implies no obligation to review.*

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*Essentials of Obstetrics.* By CHARLES JEWETT, A. M., M. D., Sc. D.—Assisted by HAROLD F. JEWETT, M. D. Illustrated by eighty woodcuts and five colored plates. Lea Brothers & Co., New York and Philadelphia, 1901.

The chapter on management of the newborn child is clear and replete with wise advice.

The chapter on the anatomy of female genital organs and on the physiology of pregnancy are necessarily somewhat brief, but sufficiently extensive to serve as an assistant to the student in his first steps at acquiring knowledge of this branch of medicine.

The book contains several important tables concerning the mensuration and weight of both the uterus and fetus at different stages of pregnancy.

The mechanism and management of labor are sufficiently discussed to serve the purpose of this book—which it admirably does. And this purpose is to facilitate the student to understand what his professor talks about, and to comprehend what he will later read in his more extensive text-book.

The book deals with application of forceps, version, craniotomy, Porro-operation, symphysiotomy, etc., but in a manner not to compete with larger works. This manual can safely be heartily recommended to students of medicine.

MICHINARD.

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*Diseases of the Intestines; Their Special Pathology, Diagnosis and Treatment.* By JOHN C. HEMMETER, M. D., Ph. D. In Two Volumes. P. Blakiston's Son & Co., Philadelphia, 1902.

The profession in America has reason to be proud of the good work done by its physicians in the field of intestinal diseases. The contributions of Beaumont and Woodward, and now the masterly work of Hemmeter, surpassing any previous work of its kind in the English language, and ranking with the first in any language, make our pulses quicken with enthusiasm. The saying of Osler, that the time will come when men from Europe will seek our shores for post-graduate study seems soon to be realized.

The work under review is in two volumes. Associated with Dr. Hemmeter in the production of this meritorious work were Dr. Harry Adler, who wrote the section on the "Examination of the Feces and Urine," and who also read and criticized the proof; Dr. J. Holmes Smith, who treated the "Anatomy and Histology of the Intestines," and Dr. Wm. Royal Stokes, who contributed the section on "Intestinal Bacteria." "Diseases of the Rectum" is from the pen of Dr. Thomas Charles Martin. The illustrations are numerous and exceptionally good. Some are from Deaver's works on "Appendicitis" and "Surgical Anatomy," due credit being given wherever illustrations are taken from other works. The drawings, made expressly for the work, are by Miss Cleveland and Louis Schmidt.

Volume I treats of the anatomy, histology, physiology, bacteriology and pathology of the intestines; physical methods of diagnosis; diet and therapy and materia medica of intestinal diseases, and intestinal clinic.

In writing upon duodenal intubation, Dr. Hemmeter says: "Kuhn's method is more practical than my own because the instruments are simple in construction, and permit of entrance into the duodenum with greater surety than the method by means of the intra-gastric balloon sheath."



It has been our experience with some patients who are thoroughly accustomed to the use of the stomach tube, that by using a flexible copper wire protected on the end by a knob and introduced through the stomach tube, we were enabled to effect entrance into the duodenum. This method commends itself to us as being simple and inexpensive.

Transillumination of the intestine and the use of the X-rays in diagnosis of intestinal disease is treated in a lucid manner.

Volume II deals with appendicitis, tuberculosis, syphilis, actinomycosis of intestine, the occlusions, contusions, rupture, enterorrhagia, intestinal surgery, atrophy, abnormalities of form and position, thrombosis, embolism, meylodosis, neurosis of the intestines, intestinal parasites, and diseases of rectum.

From the subject of intestinal invagination we quote the following: "Whilst the diagnosis of the acute form in the majority of cases should be possible, it becomes a matter of great difficulty when we are confronted with chronic forms. According to the statistics of Roffinesque, a wrong diagnosis was made in 27 of 55 chronic cases.

"If the tumor of the invagination can be palpated, the diagnosis is facilitated. Outside of this the only factors to which we can attach diagnostic importance are the pain and the visible intestinal contractions which are sometimes intensified to plastic rigidity of the intestinal loops.

"One-half of all chronic cases present intestinal hemorrhages which might be available as a diagnostic sign. Taken as a whole, the chronic cases of invagination in the absence of any palpable tumor can be diagnosed if they are seen often, very thoroughly examined, and other abnormal possibilities excluded by logical diagnostic argument."

Under the heading of tapeworm remedies, we notice the following caution, to which we subscribe:

"The extract of male-fern has proved most reliable in my experiments. But the practitioner must assure himself that the drug is pure and fresh. Failures, as a rule, are due to a decomposed extract."

We find no mention of the use of atropin in the treatment of intestinal obstruction, as suggested by Batsch and found so effective by the many who have employed it.

The closing chapter on diseases of the rectum, by Dr. T. C. Martin, contains some valuable hints on the examination of the rectum.

At the end of each chapter is an exhaustive list of the best literature on the subject of which the chapter treats.

Dr. Hemmeter has produced a valuable book which we expect to become a classic.

STORCK.

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*The Practical Medicine Series of Year Books.* Volume II—General Surgery, edited by JOHN B. MURPHY, M. D. The Year Book Publishers, Chicago, 1901.

This is an excellent review of the world's progress in surgery. It is simply a review in the form of abstracts of articles published during the year only. It is in no sense critical, aiming to give the views of the writers only. The work is admirably done and will prove of great advantage

to any one who strives to keep abreast of the enormous progress now making in the department of surgery. The well known ability of the editor as a surgeon and as himself a writer fits him peculiarly to do this kind of work thoroughly and satisfactorily for the busy man. References to original articles are conveniently arranged as foot notes, so that one can with the least difficulty ascertain the sources of the abstracts.

PARHAM.

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*The Operations of Surgery.* By W. A. JACOBSON, M. CH. OXON, F. R. C. S. and F. J. Stewart, M. S., London, F. R. C. S. Fourth Edition, revised, enlarged and improved. 550 illustrations. Two volumes. Volume I—Operations on the Upper Extremity; Operations on the Head and Neck; Operations on the Thorax. Volume II—Operations on the Abdomen; Operations on the Lower Extremity; Operations on the Vertebral Column. P. Blakiston's Son & Co., Philadelphia, 1902.

This great work is not a stranger to the profession. While written chiefly for men just undertaking the duties of house surgeons in England or their equivalent in America and for those preparing for the final examinations, this work will prove valuable to any surgeon, however experienced he may be, and a trustworthy guide to the general practitioner who must occasionally operate in an emergency. The plan is systematic, very comprehensive and thorough, and the book should easily maintain itself in the front rank of works on operative surgery.

PARHAM.

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*The Pathology and Treatment of Sexual Impotence.* By VICTOR G. VECKI. M. D. W. B. Saunders & Company, Philadelphia and London, 1901.

The author asserts that in many cases it is a better deed to restore to an impotent man the power so precious to every individual, than to preserve a dangerously sick person from death, for in many cases death is preferable to impotence. We are inclined to agree with him in great measure; certainly sufficiently so as to insist upon the importance of the study of the subject. It is too often neglected, the diseased condition is too frequently treated in a routine or perfunctory manner, while it deserves and requires the highest skill and judgment.

Vecki's book is well-written and scientific. After a review of the anatomy of the male genital organs and the physiology of the sexual act, the forms of impotence are given careful consideration, comprising the greater part of the book and properly so, as etiology is practically included in this chapter and the treatment consists so often in removal of the cause.

We do not agree on all points with the author: notably when he recommends, instead of massage of the prostate and stripping of the vesicles in suitable cases, regular sexual intercourse or "even pseudo-excess;" especially when he "insists upon the use of a good condom" in some cases.

All in all, however, it can be recommended as a good treatise on its subject.

C. C.

*Atlas and Epitome of Otology.* By GUSTAV BRUEH, M. D., Berlin, with the collaboration of DR. A. POLITZER, of Vienna. Translated by S. MCCUEN SMITH, M. D., of Philadelphia. W. B. Saunders & Co., Publishers, 1902.

The work presents one of a series of hand atlases published by the well-known house of Saunders & Company, and designs to offer to the student of this special branch a satisfactory aid and substitute for clinical instruction. With this end in view the book contains an elaborate collection of macroscopic and microscopic colored plates, illustrative of the pathology and minute anatomy of the organ of hearing, and its relation with surrounding important structures. In this part of the work the author has been favored by the collaboration of Prof. Politzer, whose work in the otological world is so well known that it needs no mention. The pathologic conditions portrayed by the plates are accompanied by brief and clear-cut descriptions so that the student has little difficulty in recognizing the lesions. The Epitome consists of a condensed study of the anatomy and physiology of the temporal bone and ear, and of the examination, diagnosis, and treatment of ear diseases. It is an excellent work of its kind and valuable for a practical study of otology.

DEROALDES & KING.

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*Quain's Dictionary of Medicine.* By various writers, edited by H. MONTAGUE MURRAY, M. D., F. R. C. P. D. Appleton & Co., New York, 1902.

This is really a medical encyclopedia and can serve as a reliable and available work of reference for the practitioner as well as the student.

With this, the third edition, it appears in one volume of over 1800 pages, with fourteen colored plates and numerous illustrations in the text.

The contributors are nearly three hundred in number and include many of the most favorably known names in British medicine and surgery, together with our own Flexner, Hemmeter and Osler. They sign their articles, thus adding the weight of personal opinion to the general authority of the book.

There are a large number of cross references well calculated to give additional information on most subjects.

While a large volume, it is not too bulky for convenient handling; the letter-press work and binding are good. All in all it is a valuable work and deserves a place in any medical library, private or public.

C. C.

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*Diseases of the Digestive Organs in Infancy and Childhood*, with Chapters on the Diet and General Management of Children, and Massage in Pediatrics. By LOUIS STARR, M. D. Third edition, rewritten and enlarged. Illustrated. P. Blakiston's Son & Co., Philadelphia, 1901.

In the ten years which have elapsed since the publication of the last edition, the subject of pediatrics has made rapid advance. We have now about reached a period when our therapeutics are rational, and our



methods of diagnosis scientific. We are, therefore, better informed concerning the dietetic treatment of diseases of infancy and childhood.

New sections on simple atrophy, infantile scurvy, rickets, lithemia, infectious follicular tonsillitis, naso-pharyngeal adenoid hypertrophy, proctitis and appendicitis have been added.

The introduction dealing with the general management of children can be read with profit by every practitioner who comes in contact with infants and children.

Regarding the treatment of intestinal worms, the author remarks: "First—For expelling the parasites, the anthelmintic to be chosen depends upon the infecting species. Second—The removal of the alkaline mucus and the restoration of the normal condition of the alimentary canal are to be accomplished by the same attention to diet and the same therapeutic measures recommended when discussing chronic gastro-intestinal catarrh."

Dr. Starr says of Tanret's pelletierine: "My own experience with this drug has been most successful, and I have relied upon it exclusively for a number of years past."

The work possesses many good qualities, but its most valuable recommendation is the fact that it is a mirror of the author's personal experience, an experience matched by few men in the world.

STORCK.

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*Photographic Atlas of Diseases of the Skin.* By GEO. HENRY FOX, A. M., M. D. Parts X-XIII. J. B. Lippincott Company, Philadelphia and London, 1901.

We have had so much of praise to say for this set of plates and text that we may be allowed the right to question the advice given by the author in Part X, wherein he argues the absence of danger from single cases of leprosy and inveighs against regulated isolation.

"Leprosy can be cured, has been cured, and would be cured in many cases if the patient were not given to understand that his condition is hopeless and speedy death inevitable" is indeed promising dogma. With the first of this we agree, and it is to be hoped that in time segregation will nowhere mean condemnation.

It is just this personal color which makes Dr. Fox's atlas different from and at the same time more desirable than most others. We have already said the best we know to say of the plates. Photographs first of all, colored with the utmost attention to the exact appearance of the disease presented, they come as near the clinic aspect of the case as it is possible to have in inanimate studies.

DYER.

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*International Clinics, a Quarterly of Illustrated Clinical Lectures, etc.* Edited by HENRY W. CATTELL, A. M., M. D. Volume I. Twelfth Series, 1902. J. B. Lippincott Co., Philadelphia, 1902.

This popular digest of medical progress and clinic presentation of disease begins its new volume with a series of interesting articles more

notable for their practical usefulness than scientific value. We note with some regret that in the articles on malaria and yellow fever the work in New Orleans by Beyer, Pothier and others has entirely escaped the observation of the reviewer, although the weekly journals at the time were emphatic in declaring the great value and importance of their work.

The International Clinics, however, does not aim at an exhaustive review, but rather at a practical series of articles for the general practitioner, and that it succeeds in this object is evident in that the present volume begins the twelfth year of its existence.

DYER.

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*International Medical Annual, 1902.* E. B. Treat & Co., publishers, New York.

In the now numerous class of year-books, including the latest newcomers in the field, the veteran *Medical Annual* holds its own, yet, striving for the highest place in practical usefulness.

In a dictionary form, a convenient one for ready reference, this volume contains valuable selections and references on Therapeutics, Medicine, Surgery and Sanitation. Those relating to arsenical poisoning, the value of atropin in the administration of anesthetics, tuberculosis and typhoid were found particularly interesting. Twenty-two plates aside from a considerable number of figures and charts illustrate the work which we sincerely believe is worthy of commendation.

DUPAQUIER.

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*Drug Habits and their Treatment.* By T. D. CROTHERS, M. D. G. P. Engelhard & Co., Chicago, 1902.

This little volume of something less than 100 pages presents a discursive account of the several drug habits, dealing chiefly with alcohol, and suggesting the etiology and course of each type. Little or nothing is suggested in the therapy of the cases discussed and the book evidences a summary of Dr. Crothers' larger work, without any of its good points.

DYER.

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*American Year-Book of Medicine for 1902.* W. B. Saunders & Company, Philadelphia and London.

This is volume I, including General Medicine of Saunders' American year-book, set in two volumes. It is a complete review of the progress in medicine in 1901, supplemented with invaluable annotations and criticisms of the editors, all leaders in their several specialties. The volume as usual is well illustrated. We are certain that like its predecessors it will prove of the greatest utility to us in quest of information for a case in practice, or when reading up a question. Its completeness gives it quite an advantage over other works in the same line.

DUPAQUIER

*A Brief of Necroscopy and its Medico-Legal Relation.* Arranged by GUSTAV SCHMITT, M. D. Funk & Wagnalls Company, New York and London, 1902.

This little book fulfills its title as a *vade mecum* for either the general practitioner who believes in post mortems or for the official whose business it is. For so small a work it is unusually comprehensive and no pains have been spared in making it explicit. Of especial value are the chapters on the poisons and on the relation of symptoms in injuries of the brain and nervous system.

DYER.

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## Publications Received.

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*A Brief of Necroscopy and Its Medico-Legal Relation*, by Gustav Schmitt, M. D. Funk & Wagnalls Company, New York and London, 1902.

*Practical Medicine Series of Year Books*, Volume VII. June, 1902. Edited by Gustavus P. Head, M. D. The Year Book Publishers, Chicago.

*The 63rd Annual Catalogue Baltimore College of Dental Surgery*, Baltimore, 1902-03.

*A Text-Book of Practical Therapeutics*, by Hobart Amory Hare, M. D. Lea Bros. & Co., Philadelphia, New York, 1902.

*The Johns Hopkins Hospital Reports*, Volume X. The Johns Hopkins Press, Baltimore, 1902.

*Gibson and Russell's Physical Diagnosis*, Revised and Rewritten by Francis D. Boyd, M. D. D. Appleton & Co. Edinburgh and London: Young J. Pentland. 1902.

*International Clinics*, Volume II, Twelfth Series, 1902. J. B. Lippincott Company, Philadelphia.

*Treatment of Atony of the Stomach and Colon*, by Fenton B. Turek, M. D.

*Proceedings of the Orleans Parish Medical Society*, August, 1902.

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## Reprints.

*Is Adrenalin the Active Principle of the Suprarenal Gland?* by T. B. Aldrich.

*A Flap Operation for Atresia of the Vagina*, by George H. Noble, M. D.



## MORTUARY REPORT OF NEW ORLEANS.

(Computed from the Monthly Report of the Board of Health of the City of New Orleans.)  
FOR JULY, 1902.

CAUSE.	White.	Colored.	Total.
Pyemia and Septicemia .....	5	2	7
Fever, Intermittent.....	7	5	12
Syphilis .....	1	2	3
Locomotor Ataxia.....	2	...	2
Softening of Brain .....	2	...	2
Paralysis .....	3	...	3
Fever, Typhoid or Enteric.....	7	6	13
Epilepsy.....	2	...	2
Bronchitis .....	4	2	6
Diphtheria and Croup.....	3	...	3
Convulsions, Infantile.....	2	4	6
Broncho Pneumonia.....	5	8	13
Whooping Cough.....	2	...	22
Pneumonia .....	5	8	13
Cancer.....	14	7	21
Tuberculosis .....	44	50	94
Diarrhea (Enteritis) .....	19	10	29
Dysentery .....	4	...	4
Hepatic Cirrhosis .....	2	4	6
Other Diseases of Liver.....	2	4	6
Pleurisy .....	4	3	7
Appendicitis.....	5	...	5
Puerperal Diseases.....	3	2	5
Debility, Senile .....	10	10	20
“ Infantile .....	11	6	17
Bright's Disease (Nephritis) .....	21	14	35
Asthma.....	1	1	2
Heart, Diseases of .....	19	28	47
Apoplexy and Congestion of Brain.....	12	7	19
Gangrene.....	3	...	3
Meningitis.....	5	4	9
Diseases of Urinary Organs.....	2	2	4
Congestive Malformations.....	2	1	3
Trismus Nascentium .....	6	4	10
Injuries.....	6	18	24
Suicide .....	3	...	3
All Other Causes.....	33	14	47
TOTAL .....	281	226	507

Still-born Children—White, 29; colored, 15; total, 44.

Population of City (estimated)—White, 223,500; colored, 81,500; total, 305,000.

Death Rate per 1000 per annum for Month—White, 15.08; colored, 33.27; total, 19.94.

## METEOROLOGIC SUMMARY.

(U. S. Weather Bureau.)

Mean atmospheric pressure..... 30.05  
Mean temperature..... 83.  
Total precipitation..... 4.24 inches.  
Prevailing direction of wind, south.

# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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## Original Articles.

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[No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. A complimentary edition of fifty reprints of his article will be furnished each contributor should he so desire. Any number of reprints may be had at reasonable rates if a WRITTEN order for the same accompany the paper.]

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### THE MEDICAL SOCIETY AND ITS RELATION TO THE MEDICAL PROFESSION.\*

By T. E. SCHUMPERT, M. D., Shreveport, La.

Before touching on the Medical Society in its earliest inception, I wish to go back a step further and briefly run over the status of medical affairs that existed before the pre-society period, in order to show the conditions of the profession that existed at the time of the organization of the first medical society in the United States.

The earliest permanent settlement of English in North America was at Jamestown in 1607, and among them was a doctor, by name, Thos. Wootan.

In April, 1629, Governor Winthrop, of Massachusetts, issued a general letter advising John Endicott, the leader of the settlement at Salem, that they had agreed with Lambert Wilson that he should act as surgeon to the settlement and all the neighboring Indian tribes for three years, and he furthermore agrees to give a medical training to one or more of the young men of the colony.

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\* Annual address of the retiring President before the Louisiana State Medical Society, Shreveport, June, 1902.

Dr. John Pot, in 1628, was made Governor of the colony; a quotation from the charter reads: "The colonists shall, in the speediest manner, endeavor to find ways and means whereby they may support a minister and a schoolmaster that thus the services of God and zeal for religion may not grow cold, and that they do from the first procure a comforter for the sick."

The years 1642-1658 were very sickly; Alricks, the director of the colony, writes: "Our barber surgeon died and another well acquainted with his profession is very sick."

The following letter, written October 10, 1658, by Surgeon Wm. Van Raenberg, will give us some insight into the medical affairs of the time: "There was on board the ship considerable sickness, accidents and hardships. One hundred souls required a hogshead or two of French wine and one of brandy, and a tub of prunes had also to be furnished for refreshments and comfort to the sick, for, from the want of them, the people became so low that death would have followed, which matter is a pretty serious thing."

The earliest practising physician in Pennsylvania was Jno. Gordon, who arrived there before even William Penn. The first to practice in Massachusetts was Samuel Fuller, who was among the passengers of the Mayflower in 1620. He was a deacon of the church and referred to as the surgeon of the settlement. Governor Endicott, in writing to Governor Bradford, says:

"I acknowledge myself much bound to you for your kind love and care in sending Mr. Fuller amongst us, and rejoice much that I am by him satisfied."

Then Fuller, in writing to Governor Bradford, says:

"I have been to Matpan and let some twenty of those people's blood."

In 1643, Dr. Ed. Stafford, of London, gave Governor Winthrop a list of remedies that he might use on his American colony. In order to show some of the remedies used and method of compounding them, I will give a few extracts from his manuscript, this manuscript being of especial interest since it was the standard and only text-book used in the colony:

(First.) "For stone in bladder. Give the party to drink of the decoction of maiden hayre, fennel root and parley roots. Let him drink great quantities. But before let him drink two or



three ounces of the oil of almonds, newly extracted, or more, or let him swallow a quarter of a pound of new made butter into round bullets, and cast into fare water to harden them, and by God's grace he shall find present ease and cure with continuance.

(Second.) "For pain in the brest or limb wear a wild cat's skin on the place grieved.

"For madness. Take the herb hyperecon and boil it in water and drink until it be strong of it and red of color, or else put a bundle of it in new drink to worke, and give it ye patient to drink, permitting him to drink nothing else. First purge him well with two or three seeds, let him not eat much, but keep diet and you shall see wonderous effects in a few days."

Dr. Stafford recommends a black powder as a remedy for the prevention and against all kinds of poison as well as small-pox and other contagious disease; he called it "My Black Powder," and had implicit confidence in same. He prepared it thus:

"In the month of March take toads, as many as you will, alive; put them into an earthern pot, so it will be half full, cover it with a broad tyle or iron plate, then overwhelm the pot so that the bottom may be uppermost; put charcoals around about it and in the open ayre, not in the house, set it in fire and let it burn out and extinguish of itself; when it is cold take out the toads; and in an iron mortar pound them very well and sear them, then in a crucible pound and sear them again. The first time they will be brown powder, the next black, of this you give one drachm inwardly in any infection taken, and let them sweat upon it in their beds, but let them not cover their heads, especially in the small-pox. For the prevention of the disease a half drachm will suffice, moderate the dose according to the strength of the patient, for I have set down the greatest that is needful. There is no danger in it. Let them neither drink nor eat in their sweat except now and then a spoonful of warm posset drink to wash their mouths. For prevention give till they be perfectly well, and eat but little and that according to the rule of physique. The same powder is used plaster-wise with vinegar for gangrene or bite of any venomous beast, and God willing he shall be perfectly cured in short or long time according as the disease hath taken root."

He says no man "can with a good conscience take a fee or a reward before his patient receive benefits apparent, and then he is not to demand anything but that God shall put into the hand of the patient to give him and he is not to refuse anything that shall be so given him, for it comes from God. A man is not to neglect that patient to whom he hath once administered, but to

visit him at least once a day and to meddle with no more than he can attend. In so doing he shall discharge a good conscience before God and man."

John Winthrop, Jr., Governor of Connecticut, was a physician of wide renown and his counsel often sought. A letter to him concerning one of his patients reads thus:

"My wife, with thanks, acknowledges that good she hath found by following your directions, but doth much desire your presence here, as soon as the season and your occasions will permit, both in reference to my daughter Hopkins and my daughter Hannah, who hath exercised these four or five days with vapors rising out of her stomach into her head, hindering both her sleep and appetite to meet and apt to put her into fainting fits, whether from mind or the mother, or from what other cause I cannot inform. My daughter Hopkins hath kept her bed since she took physic and my wife is in some doubt whether she should give her any more of it till she have your advice."

John Endicott writes to Winthrop thus:

"WORTHEE SIR—I am very sorry to hear of your suffering in this visitation of God, though you know that whom he loveth he chastiseth, let that comfort you. I have sent you all the physic I have, viz.: Syr. Violets, Syr. Roses, Syr. Mint, Syr. Annin, as you may see written on the several vials. I also send you Mrs. Beggarly, the unicorn's horns, Beza stone and Galingall root, she knows the use of them. If I knew how or which way in this case to do your daughter good, I would with all my heart, and would now come to you, but I am altogether unskillful in these cases of women."

Wm. Lee wrote to Winthrop:

"SIR—You were pleased to furnish my wife with more cordial powders, but no directions within or amongst the papers can we find, but truly one of the most needful directions is how to make her willing and apt to take it, wherefore, I would entreat you to prescribe to us the various ways in which it may be given effectually; we doubt else it may do much less good, being given by force only."

The first mention ever made of a regularly appointed physician in this country was when the Court of Assistants, in London, on March 5, 1682, appointed Mr. Pratt, who was considered a very able man, and agreed to pay him £40 per year. About the same time Mr. Robert Morley, a barber surgeon, was appointed to a camp in New England for three years. The first

year he was to have 20 nobles, the second year 30, and the third 20 marks; he was to serve as a barber and a surgeon to any of his camp on all occasions belonging to his calling.

In 1709 John Josselyn wrote:

“The Indians tell of a tree that grows far up in the land that is big as an oak, that will cure the falling sickness infallibly. What part thereof they use, bark, wood, leaves or fruit, I could never learn; they promised often to bring of it to me, but did not.” His commendation of tobacco is amusing. He says the virtues of tobacco are these: “It helps digestion, the gout, the toothache, and prevents infection by scents; it heats the cold, and cools them that sweat, feedeth the hungry, spent spirits restoreth, purgeth the stomach, killeth nits and lice. The juice of the green leaf healeth green wounds, although poison; the syrup is good for many diseases; the smoke for phthisic cough of the lungs and all diseases of a cold and moist cause, and good for all bodies cold and moist taken upon an empty stomach. Taken upon a full stomach it precipitates digestion; immoderately taken, it drieth the body, inflameth the blood, hurteth the brain, weakeneth the eyes and sinues.”

Dr. Josselyn tells how the Indians treat small-pox:

“Their manner is when they have plague or small-pox amongst them to cover their wigwams with bark so close that no air can enter in, leaving themselves within and making a great fire until they are in a top sweat. They then run out in the sea or river and presently after they come into their hut again they either recover or give up the ghost.”

On October 27, 1647, the courts legally authorized students of anatomy to dissect. The annals of courts read thus:

“We conceive it necessary that such as studies physick or chirurgery may have liberty to read anatomy and to anatomize once in four years some malefactor in case there be such as the court shall allow of.”

In other words, the court felt that it was necessary for good doctors to understand anatomy well and in order to do this they were permitted to dissect a body once in four years. Small-pox seems to have given them much concern, as it is recorded that in 1677 and 1678 fasts were held for its relief.

The practice of obstetrics by men was regarded with popular disfavor until after the middle of the eighteenth century. The first man recorded as officiating in this capacity was John Du-



puy, on July 22, 1745. From the following resolution it will be observed that the doctors in those days had an eye to business, and perhaps it would not be a bad idea could our Society adopt a similar resolution;

“The physicians of the town of Boston hereby inform the public that in consideration of the great fatigue and inevitable injury to their constitutions in the practice of Midwifery, as well as the necessary interruption of the other branches of their profession they shall for the future expect that in calls of this kind the fee be immediately discharged.”

The first autopsy in America was recorded by Josselyn in 1674; he writes of it thus:

“A young maid was troubled with a sore pricking at her heart as she leaned her body or stepped down with her foot to the one side or the other. It so fell out that this maid died. Her friends, desirous to discover the cause of the distemper of her heart, had her opened and found two crooked bones growing upon the top of the heart, which as she bowed her body to the right or left she would jab the points into the one and same place until they had worn a hole quite through.”

So far we have given a brief résumé of some medical events and the methods of practising the profession till 1745, which shows the crude state of affairs which existed and the class of material out of which the medical society was founded. Prior to this time there were no laws, no schools, no societies, no fountain-head to regulate and improve the practice of the medical profession, and no scientific papers and reports of cases ever made before a public body. In order to practice it was only necessary for one to apprentice himself for a term of years to some practitioner of repute in the colonies, or to get a certificate from a magistrate. This brief history of medicine brings us up to 1735, when the first medical society in the United States was organized at Boston.

More than 150 years had elapsed since the establishment of the first English colony at Jamestown, and practically no forward steps had been taken. We will observe the impetus that the society gave and the marvelous advance that rapidly followed. It would appear that up to this time surgery was entirely performed by barbers; that this most important branch of the profession was not a part of the medical profession at all, but belonged to the barber trade.

On February 18, 1735, Dr. Wm. Douglass, of Boston, wrote to Dr. Golden, of New York:

“We have lately in Boston formed a medical society with no quackish views as in the manner of some, but for the comfort and benefit of the unhappy and miserable sufferers by the excruciating pain. Dr. Clark, who carries the letter, a member thereof, can give you a particular account. We design from time to time to publish some short pieces; there is now ready for the press number one with this title page: ‘The Anatomical Inspection of a Spina Ventrosa, in the Vertebra of the Loins in a Young Woman.’”

In 1749, we find recorded an “An Essay on the Malignant Pleurisy that Proved so Remarkably Fatal to the Inhabitants,” read before the “Weekly Society of Gentlemen” in New York by Dr. John Bard. In 1765 a number of men formed themselves into a society under the name of the “Philadelphia Medical Society.” It enjoyed a brief existence of three years before it merged with the “American Society for Promoting Useful Knowledge,” which subsequently changed its name to the “American Philosophical Society,” and as such is probably the best known scientific society in America at the present.

On the 27th day of June, 1766, there was called a meeting at the residence of Mr. Duff for the purpose of organizing the “New Jersey Medical Society,” which is the oldest now existing medical society in the United States. Sixteen physicians met and drew up resolutions and by-laws “for our mutual improvement, the advancement of the profession, promotion of the public good, and cultivation of the utmost harmony and friendship with their brethren. We invite every gentleman of the profession in the province to be present.” I think the broad-minded, liberal views and sentiment of this invitation are beautiful. Strange as it may seem, many of the resolutions adopted by the society at that meeting are in substance practically the same as to-day. One of the resolutions reads:

“Whereas, medicine, composing properly physics and surgery, is one of the most useful sciences to be attained, so much so that, indeed, perfection therein is never to be acquired, the longest life spent on its pursuit always finding something new to occur and lamenting something still wanting to perfect the art.”

The society met twice a year, and a resolution was passed imposing a fine of £3 on every member who failed to attend, except

in case of sickness or when presenting a reasonable excuse, to be judged by the society. Another resolution was "That this society will do all in its power to discourage and discountenance all quacks, mountebanks, impostors or other ignorant pretenders to medicine."

A table of medical and surgical fees was agreed on and established at this meeting, and a resolution inflicting a penalty of expulsion from the society for non-compliance therewith was adopted.

A partial list of the fees reads thus:

"Visit in town that can readily be attended without riding, in slight cases where only a visit or two may be wanted, no charges. In other cases requiring longer and daily care and attendance, for each week's attendance, and in proportion for lesser or more time, exclusive of medicine, \$2.50. Visits in the country under one-half mile, to be charged for as in towns, viz: per week, \$2.50. Visits above one-half mile, and not more than one and one-half miles, per visit, 37 cents."

Above one and one-half miles and not exceeding fifteen miles, for each additional mile, 25 cents, and above fifteen miles and not exceeding twenty-five miles, 37 cents was allowed; and above twenty-five miles, 50 cents for each visit was allowed. For a night visit they received \$1.25 and for the first consultation, \$3.75, and for subsequent consultations, \$1.80.

"For surgical operation, cutting an issue, 50 cents. Cupping with scarification, 50 cents. Extracting tooth, 37 cents. Opening large sinus or abscess and first dressing, \$2.00. Advice for large inflammation, and advice requiring attendance twice a day, per week, \$2.00. Amputation of the breast, arm or leg, \$15.00 each, and \$1.25 for each dressing thereafter. Cutting for the stone in the bladder, \$25.00. Reduction of fracture of dislocation, \$5.00."

In his introductory remarks at the opening of the medical school in connection with King's College in 1769, Dr. Peter Middleton said: "Permit me to add, as one of the many instances of the utility of medical societies, that whatever merit there is in the present institution, it was first planned and conducted by a medical society."

In 1783 the "American Medical Society" was established in Philadelphia, with Dr. Sluppín as its president. There were



evidently some poets among its members, since in its early records can be found a poem entitled, "Some Snow Melting on a Lady's Bosom;" also another, "Hearing a Lady Lament the Short-Lived Pleasures of Youth and Quick Decay of Beauty." On January 27, 1787, Dr. John Purnell read before the society a paper on "Hepatitis," in which he says his patient recovered, but a year and a half after, on account of domestic unhappiness, was driven to the pernicious custom of rum drinking which soon terminated his existence.

On September 27, 1763, at a meeting of the Medical Society in New Haven, resolutions to protect against quacks were drawn up, which read in part thus:

"The memorial of us subscribed physicians in said colony humbly sheweth that, whereas, life is the most desirable of all enjoyments and health so invaluable a blessing that without it in some degree life is but little worth; and whereas, more than one hundred years have already passed away since the planting of this colony and nothing has been publicly done to distinguish between honest and ingenious physicians and the quack, we, your honors memorialists, would, therefore, humbly pray your honor to grant us the power to meet together once in three months, and at the first of such meetings to choose a committee of three or more approved physicians to continue for the space of one year, annually to be chosen, and to have full power to examine," etc.

Another part of the petition reads:

"One of the greatest evils that mankind suffers is disease, and the miserable, ignorant and injudicious application of medicine. Imagine a person groaning under the pangs of some disease, or the anguish of some wound, and an ignorant pretender called in for assistance by whose applications the patient instantly expires, or a foundation laid that the patient spins out a miserable existence."

Their society enjoys the distinction of having issued the first transactions. As early as 1767, an attempt was made by Dr. John Morgan to found a medical college in Philadelphia, then considered the medical centre of America, but as he failed to get a charter his scheme fell through, and no further progress was made in this line until twenty years later, January 2, 1787, when the College of Physicians of Philadelphia was established.

In 1808 Drs. James Thatcher and John Collins Warner published under the auspices of the Massachusetts Medical Society the first pharmacopeia issued in the United States.

Dr. Josiah Bartlett was the first president of the New Hampshire Medical College, and in 1791, he became the first governor of the State, and the licensing of practitioners was left entirely in the hands of the medical society of the State. Before an applicant was eligible for examination his only requirement was to have spent three years with a licensed physician. Fourteen years elapsed between the organizing of the first medical society in Boston and the next that was founded in New York; then sixteen years passed before the Philadelphia society was established. But during the course of the next ninety-two years, twenty-nine medical societies were inaugurated; eighteen of this number were established in the later twelve years, and from this time on the proportionate increase was very great.

Dr. Thomas Percival, an English physician, who wrote on "The Code of Medical Ethics," was born at Manchester in 1740, and died in 1804.

The first medical school in the United States was the Medical Department of the University of Pennsylvania. It had but two professors, viz: Dr. Wm. Shippen, Professor of Anatomy and Surgery, who delivered his first lecture on November 14, 1765, and Dr. John Morgan, Professor of Medicines, who delivered his initial lecture four days later. To these gentlemen and to Dr. Morgan especially is given the credit for the first conception of a medical college in America, and an impetus to his scheme was given by the medical society. The requisites of a student were that he should serve as an apprentice under a respected physician; that he be fully 24 years old; that he should understand Latin, mathematics and natural and experimental physiology. He should also attend one course of lectures and one course at the Pennsylvania Hospital, and write an original thesis and pay for the publication thereof. The fee for a single course under the various professors was not to exceed \$20.00. There were ten graduates at the first commencement, and Dr. Jonathan Potts delivered a valedictory on "The Importance of a Previous Liberal Education in Other Branches to the Study of Physic." In January, 1768, Dr. Adam Kuhn was appointed Professor of *Materia Medica* and Botany, and in the following year Dr. Benjamin Rush was made Professor of Chemistry.

Just before the beginning of the nineteenth century a discovery was made that foreshadowed the greatest advances that

were to be made during the next hundred years in medicine. Edward Jenner (1749-1823), finding a tradition among milkmaids that those who had suffered from a disease called cow-pox, caught from an eruption on the cows' udders, did not afterwards contract small-pox, investigated the matter. He found that cow-pox was probably an animal modification of human small-pox, and he suggested the introduction of vaccination, that is, inoculation with the virus of cow-pox, in order to produce immunity to small-pox. At the end of the eighteenth century his practical application of a chance discovery anticipated such ideas as immunity, protection and modification of disease that are now, at the beginning of the twentieth century, topics of acutest interest in the most promising department of medicine.

Supposedly scientific medicine at this time was occupied with the thought that disease was due to change in one of the humors of the body—the blood, the lymph or the bile. During the first few years the teaching of the eminent Bichat (1771-1802) did much to counteract this false notion; he showed that most diseases were due to changes in special tissues. The first to take advantage of Bichat's teaching and apply it seriously to practical medicine was Laennec (1781-1826). Laennec found that by listening to the sounds produced in the heart and lungs he could tell much of the character of the ailments from which these organs suffered. This was an extremely important advance in diagnosis. At first Laennec applied his ear directly to the chest. During his investigation into disease of that part of the body a young woman was admitted to the benefit of his service at the Necker Hospital in Paris. In order to save her modesty he did not apply his ear directly to her chest, but used a roll of paper as a tube to convey the sound from the chest to his ear. This was the first stethoscope, and the invention of an instrument that has proved of very great service in the accurate detection of lung and heart diseases. After Laennec, the most important work on a special organ was done by Richard Bright (1789-1858), who showed that certain symptoms, and especially dropsy, were connected with changes in the kidneys. Bright's work was very complete in its way and since then the degenerative kidney affections have been called Bright's disease.



A revolution in medical thought with regard to the basis of disease was preparing. Theodore Schwann (1810-1882) showed that the tissues of all animals, like those of plants, are composed of distinct minute portions separate from one another, which he called cells. The study of cells and cell life soon led to better knowledge of the intimate constitution of organs and of the manner in which their functions are performed.

Virchow (1821-1850), who is called the father of cellular pathology, showed, about the middle of the century, that it is not the organs as a whole that are affected, but different ones in different cases. This was the new idea that was to revolutionize pathology. Ten years before Virchow's discoveries, the great medical men were teaching that disease was due to changes in the body humors.

Another great change in medicine was effected by the illustrious Pasteur (1822-1895) shortly after Virchow's first work was published. Pasteur showed that certain diseases in animals and later certain diseases in human beings also are due to the presence of minute living germs, which are called bacteria. Pasteur's work represents some of the most practically valuable advances in medicine during the whole century.

Another distinguished observer was doing great original work in medicine about the same time. This was Claude Bernard (1813-1878), who taught us the function of the ductless glands, and a number of the important physiological truths with regard to the nervous system and nervous reflexes that enable us to understand the intimate sympathy that exists between all portions of the body.

Lord Lister, following closely the work done by Pasteur with regard to the existence in the air of germs that cause fermentation, suggested the employment of methods to prevent these germs from getting into wounds—the antiseptic treatment. This made possible the great advances in surgery at the end of the nineteenth century.

In every well developed industry organization is the great factor; giant combinations of capital produce results which pile up millions for the organizer where the single individual would scarce secure a competency. The power of combined efforts, of organization, by which the energies of armies of men and of great capital are directed as one single mind and aim has never

in the world's history been so well illustrated as in the great financiering projects of Pierpont Morgan, by which scattered organizations, earning a bare pittance for their owners, have been by concentration suddenly converted into wealth producers. If organization and concentration of brain and muscle in the material world can produce such great results, how much can be done in the scientific and intellectual world?

As the physician occupies the most confidential relation to the family, and is the trusted adviser in the homes of the people, his influence, always great, should be concentrated and made effective. The power of the isolated and scattered members of the profession should be concentrated into local societies and finally into great State organizations.

A medical society in each village, town or parish can become a powerful factor in the community. The medical society by its power can readily secure such legislation as may be needed in the community for the protection from infective diseases or improper sanitary regulations. The people will gladly listen to the request of a medical society when they would look upon the suggestion of an individual with suspicion. When the medical fraternity in their local society discuss such subjects as concern the comfort and health of the community, and concentrate their best judgment in a properly formulated request to the governing power, their recommendations are irresistible and always find support and enactment into law. Illustrations are scarcely necessary; perhaps in no State of the Union has the medical organization been a more potent factor than in Louisiana. The quarantine system which at the mouth of the great river protects the immense population of the most fertile valley on earth, a system which is the marvel of the world and which has received the unstinted encomium of the medical fraternity of the world, is largely due to the continued discussion and the gathering of statistics and information on every phase of the subject by the Louisiana State Medical Society.

In the Constitutional Conventions of 1879 and 1898 the power of the Louisiana State Medical Society was a potent factor and secured in the incorporation of that great instrument the recognition of medical organization.

The medical society, permeated with the spirit of the mission of the true physician, will always bear to society the relation of

a guide and adviser in all that concerns the health and comfort and progress of mankind. Its watchfulness and solicitude will always meet with the approval and grateful thanks of the community. Its work will be more enduring than the monuments of brass or marble, and generations to come will finally give grateful thanks for work accomplished which in its inception may have been universally condemned.

The journals of the land are still discoursing upon the glorious achievements of arms in the recent Spanish War. Schley, Dewey and Hobson are greeted with enthusiastic crowds and honored in every nook and corner of the land. The time is not far distant when the people of the world will recognize that great governor who, by reason of his medical education, cleansed the foul cities of Cuba and reduced the death rate to such a degree that Havana and Santiago, formerly two of the most unhealthy cities in the world, now rank with New York and Boston for healthfulness. The achievements of men like Leonard Wood should be published broadcast among the people by the medical world, not for the glorification of the individual or of the profession, but in the interest of humanity and for the enlargement of the influence of the profession in functions of government.

Let us as a society stimulate the publication of medical achievements. Let us enlarge the borders of our influence, and as the society increases and grows in power and influence the health, safety and happiness of the community will be enlarged and disease, misery and death decrease.

How is it that the personality of some physicians has remained with us so long, has come down to us so fresh? There are some men in our profession that shine like stars, whose memories cannot flicker out, and whose good works will echo and re-echo over the world for time to come.

We think about them much as the passengers on a ship do about the engineer, and in every case it will be found that these men lived by the power of love for the profession alone—by either the love they have given in imparting knowledge to others, or their capacity for learning when an opportunity has been offered them. This quality is always felt; it stirs other hearts and minds in the reading and telling of it until it carries down the ages, ever finding a fresh home in the hearts of painters, sculptors and writers.



An obscure physician whose ways in the beginning are humble and low, whose career is overshadowed with a cloud, may by two powerful ingredients which go to make up the composition of these distinguished characters, "zealousness and simple truth," rise to the illustriousness of the brightest star, that remains to the end unchanged and unaffected by the influences which eventually surround them.

We are not creatures of inevitable destiny, and we should ever strive by close touch with the society of medicine to be borne on and on, and always in the right way.

The work of a scientific mind must be judged by the amount of information which it has added to the stock of human knowledge and by the practical utility of its work. Science progresses as time rolls on—transformation must keep pace as our judgment dictates. The medical ethics of years gone by should not be the ethics of to-day.

The motto of our society is to elevate, educate and transform; that is the poetical note and basis on which we stand to make ours the most laudable profession on earth.

The story of each physician's life should prove an inspiration to others to follow in his footsteps and go further. On opening the book of our lives an aroma of sweet spices should escape from the pages as an emblem of the work that has been done.

There is a place in the profession for ladies that cannot be filled so well by men; they have a smile, a look, a touch, a degree of gentleness and a way of sympathizing that is peculiar to the sex which would be a winning card in many cases. They, too, can multiply their fields of usefulness by forming local societies for nurses, and thus place a shoulder to the wheel of progress in this beautiful profession. It is said of women that they were created to redeem the world; that there is no such thing as a bad woman at heart; that every woman is as God would have her,

"The lilies are her pretty thoughts,  
Her shoulders are the May,  
Her smiles are all forget-me-nots,  
The paths her gracious ways;  
The roses that do line it are  
Her fancies walking round,  
'Tis sweetly smiling lavender,  
In which my lady's gown'd."

## A Symposium on Tuberculosis.

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### I.

#### THE TRANSMISSION OF TUBERCULOSIS.\*

By WHYTE GLENDOWER OWEN, A. M., M. D., White Castle, La.

From the earliest epoch of recorded history the human race has been devastated by the "great white scourge." It destroyed its hecatombs of victims, and its ravages have been patiently endured, in deference to the prevailing belief, that it was "a visitation of the sins of the fathers upon the children," with no consolation afforded by the hand of science. However, this curtain of Cimmerian darkness which long enshrouded the origin of tuberculosis was brushed aside when Koch proclaimed to the world his immortal discovery of its bacillus, and modern medicine achieved another triumph in the development of therapeutics and sanitation along the lines indicated by the light of his researches.

The fact is now universally conceded that tuberculosis is disseminated by the bacilli contained in the expectoration of an infected individual.

Upon the desiccation of this sputum the bacilli are liberated and effect their entrance into the system of persons susceptible, either by inhalation, ingestion or inoculation.

The most common form of transmission is by inhalation. The bacilli after desiccation of the sputum, float in the air whenever any agitation of the dust may occur, and the presence of this expectoration in gathering places, such as theatres, assembly halls, school rooms, hotels, railway carriages, etc., is a prolific source of danger for fresh contamination.

All fabrics, such as wearing apparel, the furnishing of apartments inhabited by consumptives, may become impregnated with the germs and be a peril to those unaffected.

Also damp and insanitary buildings, after once becoming infected, remain a standing menace to subsequent tenants.

It has been demonstrated that the disease may be directly conveyed by the breath of a tubercular individual, by the experi-

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\* Read before the Louisiana State Medical Society, Shreveport, La., June, 1902, a chairman's contribution to the Section on General Medicine.

ment of having him breathe through a cloth and finding thereon the bacilli by microscopic examination. Numerous instances are on record where consumption has been produced by the use of meat and milk obtained from animals affected with tuberculosis; even though the converse of this proposition was repudiated by Koch at the London Congress of Tuberculosis.

Again, the infection has been conveyed by the use of drinking vessels and eating utensils which were used immediately previous by a consumptive.

Direct inoculation of wounds and raw surfaces has occurred, though this manner of transmission is comparatively rare. In the consideration of this disease, controversies as to the possibilities of its being contagious, infectious or communicable are immaterial. From irrefutable evidence adduced, the well-established fact remains, that tuberculosis is transmitted and maintained by those afflicted with it.

The United States Government, through the Marine Hospital Service, has placed its seal of official recognition upon the contagiousness of consumption by excluding from immigration to our shores any person suffering with this malady.

The duty of the medical profession in the premises is well defined: limit its propagation by intelligent efforts directed to the destruction of the virulent germs contained in the excretion of consumptives, and this desired consummation may be attained by impressing upon both the patient and his attendants the virtues of personal prophylaxis.

The vital question is to arouse the interest of the profession on this subject, and procure a concert of action among the physicians of Louisiana.

This could be effected through the agency of the State Board of Health. Let every physician send to the Board a compilation of all the cases of which he is cognizant, and then the Board could mail to each family a pamphlet containing a brief description of how consumption is disseminated, the importance of the sterilization of the sputa, the danger arising from neglect of this, and the request that the matter be discussed with the family physician. The physician in almost every instance could supplement the information with corroborative evidence of local coloring, and the result would be the induc-



tion of a high degree of personal prophylaxis, which, after all, is the greatest safeguard to the greatest number.

Digressing to personal observation of the contagiousness of consumption, I will relate an instance: A married daughter contracted consumption, and returned home, where there were five unmarried sisters, besides her parents. After a brief illness she died. Of the other sisters, all but one developed the disease at varying intervals, and succumbed to it. There was no hereditary taint whatever in this family; the victims were all of them splendid specimens of young womanhood, and another impressive fact in connection with the circumstance was that two other sisters, who were married and lived in different localities, have never had a suspicion of pulmonary lesion.

In conclusion, I would say that the only means by which we can wage a successful campaign against the extension of tuberculosis, is by unceasing agitation of the fact that the disease is transmitted by those who have it, and their sputum must be rendered harmless.

If all consumptives could be segregated, its elimination would be possible, but as such a proposition is entirely Utopian, our efforts must be directed to the channel of personal prophylaxis.

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## II.

### THE EDUCATION OF THE PEOPLE AS A FACTOR IN THE PREVENTION OF TUBERCULOSIS.\*

By F. M. THORNHILL, M. D., Arcadia, La.

The education of the people as a factor in the prevention of tuberculosis, as well as in all other departments of preventive medicine, is a subject of such vast importance, one involving so many intricate problems and diverse conditions, and withal one so difficult of successful accomplishment, that in a paper of limited time and space reference can only be made to a few of the most elementary principles involved. The first and most important lesson perhaps the people need to be taught with reference to tuberculosis is that it is an infectious and communicable disease, and, in the main, subject to the same gen-

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\* Read in Section on General Medicine at the meeting of the Louisiana State Medical Society, Shreveport, June, 1902.

eral laws that govern the development and transmission of other infectious diseases.

Since the discovery of the tubercle bacillus by Koch, the etiology of tuberculosis is no longer conjectural or problematic. Twenty years have passed since the tubercle bacillus was proclaimed to be the specific cause of tuberculosis, and notwithstanding the traditional belief that once the true cause of a disease had been discovered, that the discovery of the cure would follow as the natural sequence, no specific or real cure has as yet been found for consumption. It is a matter for regret that advancements in therapeutics have not kept abreast with those in diagnosis, etiology, pathology and other lines of medicine. A positive diagnosis in consumption, diphtheria, typhoid fever and some other diseases, with proper facilities, is now a matter comparatively easy of accomplishment. The etiology of tuberculosis, as well as the other diseases just mentioned, is no longer an unknown quantity, and while if a perfect knowledge of their pathology has not been attained, it is fairly well understood. As conservators of the public health, physicians should on all proper occasions take advantage of every available opportunity to instruct the people with reference to the infectious nature of tuberculosis, the chief predisposing causes, the various media through which it may be communicated, and how that by correct, temperate habits of life, the observance of the laws of hygiene, the ravages of this fell destroyer of human life may be, to some extent at least, curtailed. The contagious theory of tuberculosis has, I believe, been accepted by a goodly portion of the best element of the medical profession; in fact, it is believed and taught that in order to develop the disease, the specific agent, the tubercle bacillus, must be present in each and every case, and in order for it to thrive and grow at all it must be implanted in suitable soil. It is fortunate that a relatively small proportion of persons furnish a sufficiently fertile soil for the growth and propagation of this fatal and ubiquitous germ. The germ of tuberculosis is perhaps the most widely disseminated of any known disease, and if there was the same degree of susceptibility to its effects on the part of the human family that there is to small-pox and other contagious diseases, we would, very nearly all, have consumption, as it is probable that the most of

us at some time of life have the germ in our system, but owing to our superior vitality and the lack of proper soil we successfully resist its influence and thereby escape.

The contagious theory of tuberculosis has only come into prominence within the last one or two decades, and while the activity of the contagion is possibly over-estimated by the over-zealous advocates of that theory, it is probably more active than is admitted by its opponents. The frequency with which inmates of houses formerly occupied by tuberculous patients contract the disease, point strongly to its contagiousness. The record of certain institutions whose inmates were devoted to nursing, as studied by Cornet, discovered the fact that 63 per cent. in twenty-five years died of tuberculosis; also of one hundred nurses 63 died of the disease. Flick's studies of the disease in the city of Philadelphia show like results. He examined all the houses in a certain ward in that city and found that 33 per cent. of such houses had more than one case, that 25 per cent. of these houses had been infected prior to 1888, and that more than 33 per cent. of deaths from tuberculosis since 1888, occurred in them.

Another case in point is afforded by the little town of Neuenberg, containing 1000 or 1500 inhabitants, in which the mid-wifery cases were about equally divided between two mid-wives, one of whom had contracted consumption. She was in the habit of blowing from her mouth into the air passages of the newly-born children for the purpose of clearing away the mucus. Within two years ten of the children delivered by this woman died of tubercular meningitis, while of the children delivered by the healthy woman none showed any sign of tuberculosis.

Similar investigations in London by competent observers show even more striking results. Out of a large number of deaths occurring from tuberculosis in a certain area in that metropolis, 66 per cent. were found to have occurred in houses previously occupied by tuberculous persons. The sputum contains the contagium and is probably the most frequent medium by which it is transmitted. After being deposited on the sidewalk, floor, cuspidor or smeared on the clothing, the sputum dries out and the germs float out into the air and ultimately are taken into the system with the act of respiration. The alimentary canal



is also the channel through which the system is frequently invaded, the germ gaining an entrance through the medium of food and drink. Persons intimately associated may infect one another, as the husband the wife or the wife the husband. The contagium may also be communicated by the act of kissing or inhaling the breath of those suffering from the disease. The disease is no doubt often communicated by the common house-fly and various other insects. The common house-fly, and the practice of depositing the sputum in cuspidors containing water or other fluid, are veritable incubators and transmitters of the disease. There are doubtless also numerous undiscovered and unsuspected mediums of infection. When we consider the danger arising from all these sources of exposure, it is not a matter of astonishment that there are one million active cases of tuberculosis in the United States, with more than one hundred thousand deaths annually, and that 14 per cent. of all the deaths occurring in this country during ten years were caused from consumption alone, the wisdom of the various anti-spitting ordinances and other efforts at sanitary reform at once becomes apparent. Until the truth or falsity of Koch's contention that human and bovine tuberculosis are not identical and not interchangeable or transferable from one species to the other has been fully established by prolonged observation and research, we should take no chances on it, but act as though the question had already been settled in the negative, as I believe it will be.

The theory of some that tuberculosis is transmissible but not contagious seems to me to be untenable or an effort at a distinction without a difference. At the risk of being classed as a phthisiophobiac I here venture the prediction that the time is not very far distant when a consumptive mingling unrestricted by sanitary regulations with the public will be considered as great a danger to public health as a person with small-pox, scarlet fever or diphtheria. I believe the Marine Hospital Service, backed up by the Treasury Department, were proceeding along just and rational lines when they proposed to exclude foreign tuberculous immigrants from the United States, the protest of the New York Academy of Medicine and other learned bodies and individuals to the contrary notwithstanding.

Health boards and sanitary organizations should be required to furnish the people with literature in the form of leaflets or

tracts, calling their attention to the contagious nature of tuberculosis and the various agencies and avenues through which it may be communicated as well as the precautionary measures necessary to prevent infection. The danger of occupying the same bed and room with persons affected with the disease should especially be pointed out. Few sane persons in this age of enlightenment and scientific progress could be induced to occupy the same room or even the same premises with a case of yellow fever, small-pox or cholera for any monied consideration, yet they occupy rooms with tuberculous patients with stolid indifference, and while they may not contract consumption as readily as they would the other diseases named, but with much greater certainty of a final fatal termination in the event they did contract it. Besides the danger of contracting tuberculosis by occupying the same room with it, it is a gross violation of the laws of hygiene and should at once be repugnant to our own sense of propriety and good taste. In view of the fact that we are dependent upon natural resources for the prevention and cure of consumption the people should be taught by every possible means the importance of a proper observance of the laws of health and that drugs and mere climatic conditions will not avail where these principles are being constantly violated. The successful resistance of the tuberculous influence above all other morbid processes perhaps is dependent upon a perfect nutrition which requires the aid of those habits of life and natural conditions and environments best calculated to stimulate the vital functions. The proper adjustment of exercise, rest, diet, sleep, etc., are important factors dependent upon the patient himself and the advice of his physician, while the no less important elements of an abundant supply of fresh air and sunlight are to be supplied from nature. The value of an ample supply of pure air in the treatment of all diseases of the respiratory organs is coming more and more to be recognized by the scientific world. One of the most distinguished members of the medical profession in the Dominion of Canada, not long since, declared that he would rather take his chances with a case of pneumonia on a cot in the open parks of New York than in the best appointed ward in any of the hospitals of that city. Sunlight and pure air are of greater importance perhaps in the treatment of pulmonary tuberculosis than in any other disease of the respiratory organs

These two natural elements are conceded to be the most effectual of germicides, and especially antagonistic to tubercle bacilli, and upon them more than any other natural conditions depend the value of climate in the treatment of tuberculosis.

The profession should on all proper occasions seek to impress the laity with the fact that as yet there is no known specific or cure for consumption, and that the vaunted cures advertised in the newspapers by quacks and charlatans are delusions and a snare. The people should also be taught the importance of early diagnosis. With the manifestation of the first suspicious symptoms, the patient should seek the advice of a physician, and vigilant and persistent efforts made to arrive at a correct diagnosis as early as possible, which now fortunately, with the aid of bacteriology, can be accomplished in due course of time. Of the value of tuberculin as a means of diagnosis, I have no opinion of my own, and only refer to it in passing in order that it may be brought out in the discussion. Drugs and change of climate are impotent to arrest the progress of the disease after extensive structural changes and pathological lesions have occurred, and when the people shall have been properly educated in the fundamental principles underlying the cure and prevention of consumption to send a patient in an advanced stage of the disease away from home to die will justly be considered a crime against nature. Of the predisposing causes of consumption heredity, notwithstanding the contagious nature of the disease, occupies the first place. A clearer conception, however, of what heredity implies needs to be inculcated. The people need to know that we do not in truth inherit the disease, but only the soil, so to speak, favorable to the growth and development of the germ, and that all who have this inheritance must not of necessity have consumption. It but seldom, if ever, happens that children are born with tuberculosis. It is vastly important also that the people should know that it is not necessary to inherit this constitution in order for them to have consumption. There are numerous predisposing causes, such as intemperance, mal-nutrition, imperfect ventilation, bad hygiene, privation, overwork, etc. Influenza frequently prepares the soil for the development of the tubercle bacillus. Damp, sudden and frequent changes in temperature or other conditions that produce frequently recurring bronchial catarrh may also



lay the foundation for the reception and development of the germ. In fact, any depressing cause tending to lower the vital resistance may be the straw to break the camel's back. More thorough instruction in the principles of hygiene, in both our public and higher schools, would go a long way towards educating the people in the essential factors in the prevention of tuberculosis. By them they would be enabled to appreciate more fully the influence of the various exciting and predisposing causes of the disease.

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### III.

#### TUBERCULOSIS AMONG OUR NEGROES IN LOUISIANA.\*

By J. M. BARRIER, M. D., Delhi, La.

The negro has been the white man's burden and the "negro problem" has confronted the white man since the first cargo of slaves landed on New England's shores 282 years ago.

Numerous attempts have been made by the politician and legislator, the partisan newspaper, the philanthropist, the missionary and educator to solve this problem, with varying and doubtful success.

The negro was liberated from slavery, was given political freedom, the franchise was thrust on him; the public schools were thrown open to his children; colleges and universities were endowed for his higher education; churches were built and the missionary was sent him.

With all these advantages and opportunities offered him, is the negro as a race growing stronger morally and physically? The criminal courts answer the former and the vital statistics and mortuary reports of boards of health answer the latter.

The people of Louisiana have defined the social and political status of the negro, but there is still a more serious phase of the "negro problem" which confronts us—namely, the sanitary condition of the race.

The physician of the present and the future must play the most important rôle in its solution. The vital statistics of our State show a much larger rate of mortality in the negro than in the Caucasian. Many diseases are more frequent in the negroes, which in the days of their slavery were comparatively rare.

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\* Read in the Section on General Medicine at the meeting of the Louisiana State Medical Society, Shreveport, June, 1902.

By far the most frequent and fatal of these is tuberculosis, which I have chosen as the subject of this paper. There is no section of our State whose homes this grim destroyer has not invaded. At the present rate of increase of tuberculosis among the negroes, it is just a question of time when this disease will completely exterminate the race, and in the language of a distinguished practitioner of our State, tuberculosis, unchecked, will itself solve the negro problem.

Not alone this but the whites are menaced by a foe more dangerous than war, famine or pestilence. In the treatment of this subject I shall have reference to pulmonary tuberculosis, pulmonary phthisis and consumption, synonymous in this paper. I shall not discuss other tubercular lesions in the negro than the above; suffice it, other organs, such as the kidneys, peritoneum, intestines, etc., may become tubercular alone, or tuberculosis of the lungs may coexist.

The pathology of tuberculosis in the negro is the same as in the Caucasian; the clinical history and symptomatology of a typical case of consumption in the negro presents almost a different disease. Consumption in the negro is acute; in the Caucasian it is chronic. In the negro the outset is sudden and volcanic; in the white it is imperceptible and insidious. The duration of the disease in the negro is measured in months; in the white in years.

For practical purposes the disease is divided into two stages: the first, from the beginning of the disease to the formation of cavities; the second, from the formation of cavities until the termination of the disease. In the Caucasian, the first stage varies from months to years. The first symptom is a slight cough, attributed to a cold. Not until expectoration takes place accompanied by more or less impairment of the general health, decrease in weight, lessened appetite and diminished strength and endurance, does the patient consult a physician. The above condition may have existed for many months. Even then the majority of patients do not suspect anything of a serious nature. The disease pursues its course more or less slowly, the impairment above noted not necessarily interfering with his customary occupation. The disease may remain stationary for years, the patient reaching an old age having been a consumptive for twenty-five years.

In the negro the symptoms of acute tuberculosis develop at once, without any premonition, the patient realizing from the beginning something of a serious nature. Marked depression of the vital power and shock to the nervous system developing at once, necessarily causes him to take to his bed. In the great majority of cases he has correctly diagnosed his case before the physician is called. The disease pursues a rapid course and ends fatally in a few months. The vast majority of cases of consumption in the negro are what are designated by clinicians as galloping consumption.

I suppose in the last ten years I have treated one hundred or more cases of consumption in negroes. I remember very distinctly the clinical history of quite a number. About ten years ago I was called to see a woman about 40 years of age. Pain in right side; slight cough, night sweats, diarrhea, and cessation of menses. I made a physical examination and found all the signs of the disease, although she had only been complaining about ten days or two weeks. In thirty days she was dead.

Several years ago I was called to see a negro girl about 17 years of age. She had only been sick a short while, and there was no appreciable loss of flesh. I found on examination the physical signs of tuberculosis. She died in sixty days. Three other members of the same family succumbed to the disease within the next two years, and not one lived more than four months.

Another marked difference in the two races is that the white patient is hopeful throughout the disease, while the negro is hopeless from the beginning. I have not attempted to give the clinical history and symptomatology in detail, only to note the symptoms as they differ in the two races.

The diagnosis of phthisis pulmonalis in the negro is made early in the disease. The physical signs appear so early in its progress that doubt cannot exist long, the most inexperienced being able to make a diagnosis without the aid of the bacteriologist. Consumption in the negro is not likely to be mistaken, as in the white, for other diseases, such as intermittent, remittent or typhoid fever. The presence of the tubercle bacillus will dispel any doubt, and the up-to-date physician will avail himself of the aid of the bacteriologist in case of doubt.



The progress of the disease in the negro is fatal. So few ever recover that it is only an exception to the general rule. Dr. E. L. McGhee stated in a paper before the Society that it was recoverable to 25 per cent. and improvable to 60 per cent. I don't think he had in mind the negro. I have seen two cases to recover after I passed sentence. I have these cases now under observation. One of these of four years' standing seems to have recovered; the other about eighteen months.' Both of these, however, were mulattoes. I have never seen a full-blooded negro survive over twelve months. I have reports from eighty physicians from various sections of Louisiana of 253 cases in the negro in the last twelve months. Of this number 37, or 15 per cent., improved under treatment, and 170 or 70 per cent. died. In the language of Dr. Bugg, of Rocky Mount, who reported some of these cases, they "improved enough to die." This is about my own experience.

Compare the above percentage with the following: In 175 cases in whites reported 37, or 33½ per cent., improved; 67, or 40 per cent., died.

The nature and causation of tuberculosis has been more perfectly understood since the discovery of the tubercle bacillus by Koch in 1881. He demonstrated that the tubercle bacillus was the exciting cause, which has been confirmed by other investigators and bacteriologists since. That it is a contagious and transmissible disease and the bacillus is the exciting cause is now accepted by the entire profession. There must, however, be present certain other conditions. The grain of wheat is the germinal essence or the exciting cause of the full-grown stalk and ear, but requires certain conditions, as proper soil, heat, moisture, etc., for its development. So while the bacillus is the exciting cause of tuberculosis, there are predisposing causes which enter into and play an important part in the development of the disease and which more deeply concerns us as practitioners. That some persons do possess an immunity against the disease is unquestionably true. Some races—the Jews, for instance—are to some extent immune. Expose one thousand persons to the contagion and only a part will contract the disease.

The predisposing causes of tuberculosis are many. Any condition that undermines the general health, impairs the nervous

system and impoverishes the blood favors the development of tuberculosis after the invasion of the bacillus. There is a certain vital resistance which all possess to disease, otherwise few of us would have ever lived to see the light of day. We are constantly exposed to a thousand deadly germs, and were it not for this resistance, our lives would be in jeopardy every minute. Some of us have drunk enough vile whiskey and smoked enough noxious cabbage leaves to exterminate a whole race. I cannot mention in the limits of this paper all the predisposing causes in the negro, considering which the task of ever stamping out the disease becomes herculean indeed in its proportions.

The principal predisposing cause in the negro is his overcrowded and unhygienic surroundings. Especially is this so in our towns and cities. It is not unusual to find several families occupying the same building of two or three rooms and as many as six or eight people occupying the same room, even the same bed. When the first case of consumption occurs in such a tenement, there are other cases almost sure to develop. In fact, after the first case of consumption, I have seen whole families almost exterminated. Disinfection is unknown to the negro, and he lacks personal cleanliness in health as well as in disease. He has but a faint idea of the various uses of soap and water. Many of us have been called to cases, not only in the negro but in the whites, where soap and water were about the only things needed. There is hardly a negro cabin in the land without a bundle of old clothes in some corner containing germs that have never been isolated by any bacteriologist and that would offer to him new fields for the further investigations of his beloved science.

The irregular habits of the negro is something beyond the conception of his northern friend and brother in white. The negro can eat or he can fast. When he has it he is a glutton, when he has it not he is a Tanner. He can stay awake five days in the week, or he can hibernate half the winter. He can sleep under the boiling sun of a tropical midday, or he can sleep under the chilly blast of a North Dakota blizzard.

He can wear summer clothes in winter and winter clothes in summer without knowing the season. The penalty must be paid, and disease is the result sooner or later.

Intemperance and immorality in the negro is also a potent factor in the development of consumption, producing such disease as syphilis, which undermines the system and impairs the general health.

Syphilis is increasing even at a greater rate among the negroes than tuberculosis. Idleness also is a predisposing course as it renders them less able to provide for themselves the necessities and comforts of life in sickness as well as in health. Idleness tends to congregate them in low dives poorly ventilated and uncleanly beyond description. Heredity is a predisposing cause in that it favors the transmission of the bacillus. Relatives are more frequently exposed, and this is, I think, the true explanation of the heredity theory.

What relation race has to the causation of tuberculosis I am not prepared to say. That the negro is more susceptible to tuberculosis is unquestionable. Whether they possess a tuberculous diathesis, or this susceptibility is due to their environments, I am not able to say. My conclusion would be that both are important factors. We know the negro is more susceptible to some diseases, as small-pox; and the Caucasian more to some, as yellow fever.

The manner of transmission of the tubercle I will not dwell on, as it has been fully discussed by the able and distinguished chairman of this section.

The treatment of tuberculosis offers a domain co-extensive with the human race. There is no place or clime so far removed from the confines of civilization that this relentless foe cannot find its victims. He who can discover a cure will be hailed the saviour of the human race, whose name will be placed alongside of Jenner and the other immortals and benefactors of mankind. I shall not dwell on the medicinal and climatic treatment, as these have been presented by others more competent and experienced than myself.

The practice of medicine in the negro is far from satisfactory. Only in surgery is this the exception. You can spay a negro in the cornfield with a pocket knife and ligate the wound with a twine string and she will get well. You can perform an amputation with a wood-saw and meat-axe, and in six months the limb will have grown out almost as



long as the other. You can knock him in the head with a mule, fracture his skull, remove the bone and in thirty days he has forgotten his late unpleasantness. No such success meets the physician in the treatment of disease. Obstacles and difficulties beset him on every hand; he has to contend with ignorance and superstition, poverty, uncleanness and germs of every kind and size from the microscopical to those capable of pedal locomotion. He will not carry out your directions. He soon tires of the restraint placed on him, and after the first few doses, if he does not get well, abandons treatment, or seeks some one else who will promise a cure. Several of us have seen ourselves supplanted by the "Hoo-doo," or "Injun" doctor. The negro seems to follow the Biblical injunction, "eat, drink and be merry for to-morrow you die."

In the treatment of consumption in the negro by medicines, I think I have accomplished less, even in the amelioration of symptoms, than in any other disease. The conditions above seem to nullify any phase of treatment that may be instituted. As for climatic treatment this is impracticable, notwithstanding it offers the surest cure. They are financially unable to bear the expense and they protest against leaving home. The establishment of consumption colonies and retreats, while in theory it offers the surest and speediest way of stamping out the disease, is open to the same objection.

The field for our efforts and endeavors is the prevention and not the cure of tuberculosis. While the task of preventing this disease more largely devolves on the physician, he alone, without the intelligent co-operation of every community, can accomplish but little. This should largely be a matter of education, as has been ably discussed in a preceding paper. The laity should be taught the true nature of the disease; that it is a contagious and transmissible disease and can be avoided. In the textbooks on "hygiene" the true nature of the disease should be taught, and the measures by which it can be prevented. Of course this applies to both races.

The system of higher education in the negro must be remedied. Instead of Greek and Latin, analytical geometry, calculus and conic sections, he should be taught the elementary principles of life and nature as well as of hygiene; he should be

taught how to make an honest living, the value of home and physical comforts, the value of wholesome food, pure air and water, the necessity of personal cleanliness, and keeping living rooms and surrounding premises clean and wholesome.

The negro must be taught the effects of immorality and intemperance, the diseases resulting therefrom impairing the general health and breaking down the constitution.

The physician must have the aid of the municipal and civil authorities. It should be the duties of the health authorities to see to the proper drainage, ventilation and water supply of every tenement. Such are the requirements, but to visit the tenement districts of many of our towns, you would think the health officer dead and his successor failed to qualify. Only a limited number of people should inhabit the same building and the same room.

The physician must have the co-operation of the employer of negro labor and every landlord. Having lived all my life in a community where the negro predominates, I have noticed how little regard is paid by the landlord to the moral and physical condition of his tenants. The landlord is responsible more than any one else for the drunkenness and revelry on his plantation. He owns the whiskey hells and gaming tables and actually encourages the negro to intemperance for the pitiful dimes that are in it. In too many cases the negro cabins on our large plantations are veritable pig styes.

I have thought that, to a large extent, the white man was responsible for the negro's condition.

The above may seem visionary and the idle theories of a dreamer, and I admit the task almost seems a hopeless one, but the question is up to us and as physicians we must grapple with it intelligently and with due charity for a weaker race.

The negro is with us and must stay. This is his home as much so as the jungles of Africa was his native home. What civilization he possesses, what moral condition he attains, what he is physically, must come from the white man. As the light and heat of every plant of our solar system comes from the sun, so whatever the negro is morally, socially and physically, must be drawn from the white man. Can we afford to put our light under a bushel?

## IV.

## VITAL STATISTICS OF TUBERCULOSIS IN LOUISIANA.\*

By G. FARRAR PATTON, M. D., Secretary Louisiana State Board of Health and Professor on General Medicine in the New Orleans Polyclinic, New Orleans.

GENTLEMEN—In January of the present year the Louisiana State Board of Health sent the following circular letter to every registered physician in the State:

NEW ORLEANS, January 6, 1902, }  
204 Carondelet st. }

*To All Registered Physicians of the State of Louisiana:*

GENTLEMEN—The Louisiana State Board of Health, impressed with the importance of determining, as nearly as possible, the extent to which tuberculosis prevails in Louisiana, adopted, at a special meeting of January 4, the following resolution:

*"Be it resolved,* That a circular letter be sent to each registered physician in the State requesting him to fill in the accompanying blank relative to tuberculosis in his practice, and return same to the Secretary of the State Board of Health; said report to be filed in the archives of the Board and be considered a confidential communication."

As you will observe, it is proposed to consider these reports as strictly confidential. It is hoped to compile fairly reliable statistics based on the reports received, so as to make a proper showing of the healthfulness of the State, but the individual reports will be seen only by the proper officers of the State Board of Health.

Your kind compliance with the request of the Board is respectfully requested. The necessary blank is herewith enclosed.

Yours very truly,

EDMOND SOUCHON, M. D.,  
*President Louisiana State Board of Health.*

Attest:

G. FARRAR PATTON, M. D.,  
*Secretary.*

When the chairman of this section, who is also a member of the State Board of Health, asked the writer in his capacity as Secretary of that Board to prepare for this meeting of the State Medical Society a paper on the Vital Statistics of Tuberculosis in Louisiana it was hoped by both that the response by physicians of the State to the appeal of the Board would be so general as to supply the necessary figures on which to base such a paper.

But man is doomed to many disappointments, and the result of the laudable effort made by the State Board of Health to obtain this much needed information has been most discouraging.

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\*Read in the Section on General Medicine at the meeting of the Louisiana State Medical Society, Shreveport, June, 1902.



Attached to this paper is a tabulated statement showing in detail the number of registered physicians in each parish, the number of reports received, the number of cases of tuberculosis, favorable and unfavorable reported in each parish, according to color and sex, with the totals of the several classifications.

This table shows that of the 365 physicians, more or less, residing in New Orleans, only fifteen have sent in reports, with a total of twenty cases of tuberculosis in a population of some 300,000 people.

In the other 58 parishes of the State 1007 physicians are registered, and of these only 138 have sent in reports, showing an apparent total in those parishes of 228 cases of tuberculosis, those among the white population being ten in excess of those among the negroes. Comment on such figures is unnecessary.

The largest number of reports received from any parish was nine out of a total of 34 registered physicians. From each of fifteen parishes only one report was received. From one large and important parish having 52 registered physicians only five reports were sent in.

The object aimed at by the State Board of Health was so obviously for the public welfare and its appeal was so earnest, promising the most absolute secrecy as to the personality of cases reported, that it is with a sense of disappointment and humiliation that the writer states the foregoing facts.

There is no doubt but that many physicians were deterred from making reports of cases of tuberculosis because asked to give the names and addresses of the patients, notwithstanding the assurance given that such information would be held sacredly confidential. The main object of the Board in asking those details was to avoid enumerating the same case more than once, and as that precaution seems to have been needless, any future request for similar reports may advantageously omit asking for the names of patients.

It is the belief of the writer that with a proper understanding of the matter, and if physicians be not requested to give the names of tuberculous patients, a fairly comprehensive enumeration of known cases can be secured.

In this, as in all other matters relating to the public welfare, the only desire of the constituted health authorities is the advancement of Sanitary Science, an indispensable adjunct to

which is the collection of Vital Statistics. If those who are asked to make reports could be brought to properly realize the importance of this work, as compared with the insignificant amount of trouble involved in complying, it seems incredible that any one could refuse.

It is surely not too much to ask of the busiest or the most indolent physician in the State that he will consent to devote a short half hour once in three months to filling out a blank to be forwarded to his parish health officer, or fifteen minutes once a year to report to the State Board of Health the few cases of tuberculosis in his individual practice.

In all candor, the writer asks if this is too much to request of any one, and only regrets that instead of propounding this question to a relatively small body of representative medical men of the State the opportunity is not given to address the same question personally to every physician in Louisiana who has failed to make reports of births and deaths and cases of tuberculosis occurring in his practice.

The fact that so few physicians have made reports of their cases of tuberculosis practically defeats the object with which the preparation of this paper was originally undertaken, but the other fact of the general and well known prevalence of the disease throughout the State remains unchallenged.

According to careful and reliable observers the disease is on the increase, especially among the negroes. It is believed that every physician present at this meeting of the State Medical Society will admit that this is true, and some will doubtless be able to adduce special evidence gathered in their own fields of labor. Many cases, perhaps the majority, are not seen as patients by physicians, but are known to exist.

Directly bearing on the subject occurs the question as to whether some more searching efforts cannot be made to locate these neglected victims, both for their own benefit and for the protection of communities.

In the present unsatisfactory condition of affairs as regards the status of local boards of health, and especially the compensation of local health officers, this problem is a serious one, as concerns official supervision, but by a judicious agitation of the subject, aided by the press, a sort of Sanitary Crusade might be started in which public spirited citizens in every walk

of life join with the medical profession in an enterprise so humane and far-reaching in its beneficence.

The crusade would be essentially one of public education, and this brings up the advantage of having such a public officer as the Commissioner of Hygiene which it is desired to have the Legislature create. This officer would be specially charged with delivering lectures on the subject of hygiene and otherwise teaching the people by personally going among them much that they would otherwise fail to learn by any other method of instruction. His work would go hand in hand with the practical work of the State Board of Health and of the local Health Boards, all directed to the one great object of arousing the people from that lethargy of ignorance in which they supinely await the coming of preventable diseases as dispensations of divine Providence.

With respect to tuberculosis the need for such popular education is so obvious that to neglect it is little short of criminal.

First in order of proceeding would come the location and proper safeguarding of known cases, as preliminary to the hand to hand combat in which we propose to engage, for the struggle is to be a warfare, none the less fierce because silent, with an insidious and relentless foe against whom we have hitherto contended as individual skirmishers—fighting in the dark with the enemy in ambush and his numbers unknown.

Shall we not rather send our scouts to reconnoitre and count his forces, and knowing his strength oppose him by a systematically planned campaign?

Such a campaign means the enumeration of cases and the education of the public as to the true nature of the disease, the manner of its dissemination and especially the measures of protection which medical science affords.

While it is true that the leadership of such a campaign would rest mainly with authorities officially constituted, its effective prosecution and ultimate success must depend largely on the co-operation of individual physicians of the State, of which this Society is the representative gathering and family council.

As the family is the foundation of the State, so may this Society in its widespread affiliation become the moving power, the column of cloud by day and the pillar of fire by night, which shall lead our people up out of the wilderness of ignorance to inherit the land in health and safety.



## REPORTED CASES OF TUBERCULOSIS IN LOUISIANA,

Compiled from Individual Reports of Physicians submitted in response to a Resolution of the State Board of Health,  
Adopted January 4, 1902.

PARISHES.	Reg'd Phys'n's	Reports Receiv'd	Favorable Cases.		Unfavorable Cases.		Totals.		Grand Totals. W. C. All.				
			White M. F.	Col'r'd M. F.	White M. F.	Col'r'd M. F.	White M. F.	Col'r'd M. F.					
Acadia .....	30	3	1	1	1	...	3	4	1	7	1	8	
Ascension .....	19	3	...	...	1	1	...	1	1	...	2	3	
Assumption .....	11	1	...	...	...	...	...	...	...	No cases.	...	...	
Avoyelles .....	34	9	1	...	3	2	1	2	4	6	3	9	
Bienville .....	21	3	...	...	...	...	...	...	...	No cases.	...	...	
Bossier .....	20	2	...	...	...	1	...	...	1	...	1	1	
Caddo .....	51	3	...	1	1	2	1	2	1	1	4	5	
Calcasieu .....	42	5	...	...	2	2	1	...	2	5	1	6	
Caldwell .....	5	1	1	...	1	1	...	1	1	2	1	3	
Cameron .....	6	0	...	...	...	...	...	...	...	No report.	...	...	
Catahoula .....	22	7	...	1	...	...	1	...	...	1	...	1	
Claiborne .....	19	3	...	...	2	...	1	...	2	2	2	4	
Concordia .....	4	1	...	...	1	...	1	...	1	1	1	2	
DeSoto .....	25	5	...	...	...	4	...	4	...	4	4	4	
E. Baton Rouge .....	17	3	...	...	3	1	11	1	3	5	12	17	
E. Carroll .....	6	1	...	1	...	5	...	1	6	...	7	7	
E. Feliciana .....	19	3	1	...	...	2	2	...	2	2	3	5	
Franklin .....	16	0	...	...	...	...	...	...	...	No report.	...	...	
Grant .....	19	3	2	1	1	3	...	3	4	7	...	7	
Iberia .....	26	4	1	...	5	2	1	1	6	8	2	10	
Iberville .....	16	4	...	...	2	4	3	4	2	6	6	12	
Jackson .....	9	1	1	1	1	1	...	...	2	4	...	4	
Jefferson .....	5	1	1	2	...	...	...	...	1	3	...	3	
Lafayette .....	24	4	...	...	1	2	...	1	2	3	1	4	
Lafourche .....	13	0	...	...	...	...	...	...	...	No report.	...	...	
Lincoln .....	18	0	...	...	...	...	...	...	...	No report.	...	...	
Livingston .....	10	2	...	2	...	...	...	2	...	2	2	2	
Madison .....	9	3	...	...	1	...	2	2	1	...	4	5	
Morehouse .....	24	3	...	1	1	3	3	...	1	4	4	8	
Natchitoches .....	28	6	...	...	3	1	2	4	3	4	6	10	
Ouachita .....	26	1	...	...	1	1	...	...	1	2	...	2	
Plaquemines .....	12	4	1	2	...	1	3	5	1	4	6	13	
Pointe Coupée .....	19	1	...	1	1	1	1	...	1	3	4	4	
Rapides .....	40	5	1	...	1	...	2	3	2	2	7	9	
Red River .....	11	2	...	...	...	...	...	...	...	No case.	...	...	
Richland .....	10	1	...	...	...	1	...	...	1	1	1	1	
Sabine .....	20	2	2	...	1	3	...	3	3	6	...	6	
St. Bernard .....	3	0	...	...	...	...	...	...	...	No report.	...	...	
St. Charles .....	2	1	...	...	...	...	...	...	...	No case.	...	...	
St. Helena .....	8	2	1	...	1	...	1	...	1	2	1	3	
St. James .....	8	3	2	1	2	2	...	...	3	8	5	13	
St. John .....	9	1	...	...	...	...	...	...	...	No case.	...	...	
St. Landry .....	52	5	1	2	1	...	...	2	2	5	1	6	
St. Martin .....	9	0	...	...	...	...	...	...	...	No report.	...	...	
St. Mary .....	24	3	1	1	...	1	1	2	2	4	3	9	
St. Tammany .....	14	4	...	3	...	...	...	3	...	3	...	3	
Tangipahoa .....	15	3	...	...	1	...	...	1	...	1	...	1	
Tensas .....	13	0	...	...	...	...	...	...	...	No report.	...	...	
Terrebonne .....	14	0	...	...	...	...	...	...	...	No report.	...	...	
Union .....	21	2	1	...	3	...	...	4	...	4	...	...	
Vermillion .....	17	0	...	...	...	...	...	...	...	No report.	...	...	
Vernon .....	9	2	...	...	...	...	...	...	...	No case.	...	...	
Washington .....	11	2	...	1	...	...	...	...	...	2	...	...	
Webster .....	16	1	...	1	...	1	1	...	8	1	2	2	
W. Baton Rouge .....	4	1	...	...	...	2	1	...	2	3	...	...	
W. Carroll .....	2	1	...	...	...	...	...	...	...	No case.	...	...	
W. Feliciana .....	9	1	...	...	...	2	...	2	...	2	...	...	
Winn .....	19	3	...	2	1	...	...	2	4	1	6	...	
New Orleans .....	1138 15	18	21	8	11	40	45	39	46	58	66	47	57
			2	2	...	5	8	3	...	7	10	3	...
										17	3	20	

For the parishes—Favorable white 39, unfavorable white 85; total 124.

Favorable colored 19, unfavorable colored 85; total 104.—228.

# N. O. Medical and Surgical Journal

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## Editorial Department.

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CHAS. CHASSAIGNAC, M. D.

ISADORE DYER, M. D.

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### LOCAL PARISH SOCIETIES IN LOUISIANA.

The Louisiana State Medical Society recently held one of the most successful meetings in its history. The meeting was full of spirit, marked by interesting contributions to its literary features and characterized by a friendliness of concerted action in the business discussion which promises well for the future.

The Louisiana State Medical Society just now operates under a constitution which serves its purpose, but which is not in consonance with the proposed scheme of the American Medical Association.

Before the next meeting of the Society the matter will be thoroughly gone over by a committee appointed for that purpose. Meantime the JOURNAL feels that as the official organ of the State Society, it should urge upon the medical men in the several parishes the importance of organizing into local societies.

The greater the number of such units in the State organization, the stronger must be the body itself. This has been recognized by a number of other Southern States, notably Alabama, in which State originated the plan upon the lines of which the National Association has drawn its present system.

Now and then in our news items we record an organization of a local society, but only to subsequently know that it has in a short while dropped into innocuous desuetude.

Organization is the watchword to-day in every sort of occupation and it means more than the mere name. Organization means protection, power, profit; more, it means the elevation, in our own profession, of the standard, not alone among ourselves, but in the eyes of the public generally.

Awhile back local societies for medical men attracted little or no general attention; but, since medical societies have dictated the polity of sanitary advance and have served the purpose of exploiting health regulations and ordinances, the public, beginning with only curiosity, have already reached the point of respect.

As a basis of the organization of local societies, the *Journal of the American Medical Association* for August 9, 1902, outlines a plan for the constitution and by-laws. This aims at a uniform system of local societies, so managed in its business and in its laws as to permit easy amalgamation with the State body and later with the A. M. A.

So much are we interested in seeing these parish combinations of the profession that at all times the JOURNAL is ready to further the object in publishing the detail of the organization or in any other way making the matter known.

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#### PATENT MEDICINES AT THE ST. LOUIS FAIR.

One of our contemporaries rejoices over the following note excerpted from a letter received from Mr. J. A. Ockerson, Chief of the Liberal Arts Department in the coming St. Louis Fair:

“Articles that are in any way dangerous or offensive; also patent medicines, nostrums and empirical preparations whose ingredients are concealed, will not be admitted to the Exposition. The directors of exhibits, with the approval of the president, has the authority to order the removal of any article he may consider dangerous, detrimental to or incompatible with the object or decorum of the Exposition or the comfort and safety of the public.”

The reflection over the above must bring much satisfaction to all men in the medical profession who have fought for the ethics of it. Not the ethics of conduct, but the broader ethics of justice and right so much violated by the charlatanic drug concerns and the self-vaunting patent medicines whose chief merits are limited to the claims on the label.

This rule of the St. Louis Fair is a long step. It means something in the future stimulation of legislative enactments aimed at the purgation of these things from the newspapers and from the public's view. So few States recognize the offense that any such argument will prove of service when the time comes to act.



Whether medical men are responsible or not for the rules as promulgated, it remains that the recognition of the danger in patent medicines and in so-called proprietary medicines is recognized, and on that we may for the present rest content.

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## Abstracts, Extracts and Miscellany.

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### Department of Obstetrics and Gynecology.

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In charge of DR. P. MICHINARD, assisted by DR. C. J. MILLER, New Orleans.

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AN OPERATION FOR CYSTOCELE.—Dr. Barton Cooke Hirst has devised a new operation for cystocele which will immediately appeal to the practical mind as a method offering several advantages over the usual technic. He reminds us that the injuries of the cervix, pelvic floor and perineum, and the operations which satisfactorily repair them are quite well known and definite, but the same can scarcely be said of the anterior vaginal wall. There are two kinds of injury inflicted in this region by the passage of the child's head; first, the anterior wall, thrown into transverse rugæ, is nipped between the child's head and the symphysis, is pushed downward and outward, and is torn loose from its subjacent connections in the manner that a glacier pushes ahead of the moraine. Second, there is laceration of the muscle of the urogenital trigonum in the anterior sulci, just as the levator ani muscle is torn in the posterior sulci.

Any one who thoroughly studies Waldeyer's recent publication on pelvic anatomy must be convinced that the strongest support of the anterior vaginal wall is the transverse muscle running from the junction of the ischium and pubis, across the lower anterior portion of the pelvic cavity, and actually inserted in the vaginal wall—the only muscle that is inserted in the vagina itself. This muscle runs across the anterior sulci of the vagina, and is frequently torn through in labor, usually on the

left side. In over twenty cases Dr. Hirst has performed the following operation:

The anterior vaginal sulcus is displayed by three bullet forceps, making traction at three angles of the sulcus. As the woman lies in the dorsal position, on the table, the sulcus is not easily accessible and can not conveniently be denuded, as it lies hidden within the vagina; but by fixing one bullet forceps alongside the orifice of the urethra, the other one, the opposite vaginal wall, and the third, half way up the vaginal wall at the apex of the sulcus, the triangular area involved in the injury comes plainly to view. The triangle is marked out with a knife, and the mucous membrane is readily dissected off by scissors in one piece, which takes but a minute or two. The other side is treated in a similar manner. Usually the tear is deeper on the left side and may be confined to that side. The sulcus being denuded, the sutures of silk worm gut are inserted just as they are in the posterior sulci in an Emmett operation. They are not yet united but clipped temporarily with hemostats. The cervix is pulled out of the vulva and the rest of the operation is performed in the usual manner for cystocele, with an oval denudation and the buried continuous tier suture of catgut. After the closure of the oval denudation, the sulci sutures are united with shot.

He calls attention to the importance of repairing the posterior wall, without which any anterior operation is doubtful. It will take some years to determine the real effects of the operation, but he has reason to hope that some such operation as this will solve the problem of repair of the injuries to the anterior vaginal wall as satisfactorily as that problem has been solved in injuries of the cervix and of the posterior vaginal wall and pelvic floor.

THE ULTIMATE RESULT OF BEATSON'S OPERATION.—*The Medical Record* of July 12 states that Dr. Abbe gave to the Practitioners' Society his final report on seven cases in which he had performed oophorectomy, as suggested by Beatson for inoperable, or recurrent cancer of the breast. He had closely followed the cases for one year, and was able to report that, in the majority of instances, the operation produces a temporary retrograde metamorphosis in the diseased tissue and adjacent glands.

This improvement lasts, on an average, about four and one-half months; then takes on renewed activity and pursues the regular course. Four of the seven cases had died during the year. In the remaining three is now using the X-ray with even more striking results than were obtained by the Beatson method. A year hence he felt he could have a similar report of results which would give a fair estimate of the X-ray value—as judged by time. At present he could only say that the outlook has more promise than any therapeutic method—outside of pure surgery.

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## Department of General Medicine.

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In charge of DR. E. M. DUPAQUIER, New Orleans.

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INEFFICACY OF INTERNAL ANTISEPSIS.—A woman who under Dr. A. Robin's directions was taking a vigorous course of mercurial treatment for syphilis, contracted a severe attack of typhoid fever to which she succumbed.

Her liver and spleen contained an abundant quantity of mercury, her whole system was impregnated with mercury, and the latter failed to prevent the typhoid bacillus from infecting the tissues and attenuate its virulence. Dr. Robin thinks that internal antiseptics, chiefly intestinal antiseptics, is an inefficient method which must needs be discarded. In 1892, Dr. Robin, speaking before the Académie de Médecine, had said: The method of internal antiseptics which consists in saturating the organism with the most potent of antiseptics, namely, mercury, with a view to prevent microbial infection, check the increase of micro-organisms, attenuate their virulence, as scientific and as rational a method as it may appear, is actually impracticable in therapeutics. He was then speaking of a woman who had contracted broncho-pneumonia after she had taken in thirty-six days in succession 1 gram, 70 centigrams of bichloride. The fluid found in her pleura and the pus found in her broncho-pulmonary tract contained a streptococcus identical with that



of erysipelas, the staphylococcus aureus and diplococcus (uncapsulated). Many of us concur with Dr. Robin and approve of Dr. Gaucher's terse saying: The best internal antiseptic is after all a good purgative. When one wishes to clean his house he uses an abundance of water.—*Journal de Médecine Moderne*, July 15, 1902.

THE DIFFERENTIATION AND DIAGNOSIS OF TUBERCULOSIS AND PHTHISIS.—Tuberculosis is a product of the gregarious civilization with all its concomitant deviations from the conditions essential to a healthy animal life. Crowding and insanitation, insufficiency of air, light, food and water are but sequential details. Tuberculosis is primarily a local disease with constitutional manifestations. It has, to be sure, a specific infectious organism, but as Baccelli affirmed long ago, the bacillus is only the histological exponent, not the whole of the tubercle, much less the disease. Local tuberculosis, regardless of its situation in the animal economy, has the same characteristics—the *locus minoris resistentiæ*—which according to Petruschky, includes primarily all organs directly in communication with the outside world—and the proliferation of fixed tissue cells resulting in a sequestration of the infective irritant. Pure local tuberculosis, whether pulmonary or articular, does not possess the time honored and respected signs of inflammation—subor, dolor, tumor, color, et *functio laesa*. Tuberculosis per se is quite afebrile and it is likewise without exudation. Tuberculosis is in no sense a pernicious process; it is a conservative one, no other disease having a greater tendency to spontaneous recovery. Phthisis is tuberculosis plus mixed infection. Bacteriologically it is a symbiosis of two or more pathogenic organisms, acting in unison. Most frequently the staphylococcus pyogenes aureus and the streptococcus pyogenes play an important part, etc. Phthisis, then, is tuberculosis plus a pyemia or septicemia. Almost all the dreaded symptoms of phthisis are the result of this pyogenic superinfection.

Pulmonary tuberculosis, of itself, is manifestly without expectoration. An exudative inflammatory bronchitis of greater or less degree is essential to the production of sputa, and is always of pyogenic origin.

Pure tuberculosis consists typically of closed foci and the disintegration and degeneration of the tubercle with the conse-

quent setting free of the tubercle bacilli are likewise only the result of mixed infection.

Hemoptysis, the erosion of a radicle of the pulmonary artery, regardless of the time of its occurrence, is invariably an accompaniment of phthisis. While pulmonary tuberculosis is not characterized by expectoration, bacilli, fever or hemoptysis it must not be inferred that its diagnosis is at all difficult. Quite the contrary.

The following are the physical signs and symptoms of pulmonary tuberculosis:

*Inspection*—Deficiency, impairment or irregularity of respiratory movement upon affected side. Evident unilateral contraction. Flattening or depression of the supra or infraclavicular fossæ. Amyotrophy of the thorax. An acceleration of respiration, more particularly in women.

*Palpation*—Slight increase in vocal fremitus.

*Percussion*—Defective resonance upon or above a clavicle. Want of elasticity, definite dullness, tympanitic dullness or tympany apparent upon repeated examinations.

*Auscultation*—Evident changes in the respiratory murmur; it matters not whether it be diminished, weakened, rough, harsh, indefinite, sharp, rude, puerile, interrupted or exaggerated, suffice it that such modification in the vesicular respiration is constant over a circumscribed area. Most frequently the respirations are somewhat short and slightly accelerated. Inspiration, weakened or rough, and expiration somewhat prolonged. "An apical catarrh," with fine crepitation or a few localized dry ronchi or sibilant râles is pathognomonic.

*Symptoms*—The constitutional disturbances are, as a rule, more pronounced than the pulmonary. There may be some dyspnea upon exertion. There is no true cough, rather a reflex "hack," probably due to a small deposition upon the arytenoids or posterior wall of the trachea. A clearing of the throat on speaking is often noted. A transient localized pain, the dry pleuritic stitch, or a neuralgic indefinite ache in the sternal or scapular region, or a faint sense of resonance felt by the patient in talking are usually the sole subjective symptoms attributable to the lungs.

There is a slight pallor, a peculiar duskiness or sallowness, a pseudo-anemia or chlorosis readily distinguishable from the

true by the presence of a leucocytosis; inequality of pupils; according to some, dilatation; a general dulness, weakness, or at times a disinclination to work—symptoms frequently confounded with malaria.

A carbohydrate indigestion with eructations, acid dyspepsia, capricious appetite, anorexia, gastralgia, intestinal indigestion, coated tongue and constipation are frequently predominant symptoms. A temperature of say three-tenths to one-half degree under stimulus of mental excitement or slight exertion and at menstrual period. Subjective feeling of chilliness or a slight subnormal temperature during early morning. There is a small loss of weight, determinable solely by frequent weighings, not by the opinion of patient or friends. A tendency to cyanosis of the extremities, less frequently of the lips or cheeks. The pulse is characterized by considerable instability. There is increased rapidity upon trivial exertion or mental stimulus, particularly towards evening. The pulse is often of low tension, full, soft or compressible. Tendency to sweats, not only nocturnal, but following the slightest exertion. Changes in temperament, irritability, introspection, sweating of the palms of the hands under excitement, in women, palpitation of the heart and amenorrhea, have all been noted.

In addition to the foregoing, age, occupation, environment, the probability of exposure to infection, and the personal and family history should be taken into consideration.

The physical signs and symptoms of phthisis should certainly require no reiteration. It should not be forgotten, however, that hemoptysis or the occurrence of bacilli in abundance, as Brieger has well demonstrated, are evidences of cavitation. Clumps of granular bacilli indicate progressive softening, while alternation of few and many bacilli signifies the occasional opening of closed cavities with discharge of their contents. Even in phthisis one should not rely exclusively upon the presence of bacilli in the sputa, for as Neufeld has shown, that while staphylococci and streptococci may be present in the sputa, the tubercle bacilli may be absent for months at a time, or if present, in so small numbers as not to be readily recognized.

The thermometer is perhaps after all the best instrument in the diagnosis of early phthisis. If the temperature be taken



every two hours, after midday, a rise will usually be noted proportionate to the progress of the disease.

Again, upon examination of the chest, in phthisis, it should be remembered, as Kingston Fowler states, that in the great majority of cases, when the physical signs are sufficiently definite to allow of diagnosis, the lower lobe is already involved.

Michaelis' Diazo-reaction and Röntgen rays have proven of no utility in the diagnosis of tuberculosis or early phthisis.

The tuberculin reaction is too promiscuously present in other diseases, uncertain, unacceptable to the patient and not entirely without danger. Further, it has been repeatedly shown that the glycerin and proteids of the culture fluid are in themselves sufficient to produce a reaction without the tubercle bacilli extract.

While *tuberculosis*, as well as a goodly number of cases of phthisis, are eminently curable, early diagnosis is of vital importance. Successful treatment must necessarily depend upon the measures taken before the lungs are extensively involved, and it goes without saying that if *tuberculosis* was generally diagnosticated there would be practically no mortality.—BROOKS, in *Journal of Tuberculosis*, July, 1902.

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## Department of Therapeutics.

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In charge of DR. J. A. STORCK, New Orleans.

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FOR GRANULAR PHARYNGITIS.—Dr. Moure, of Bordeaux, a well known specialist in diseases of the throat, has found the following treatment beneficial :

Iodin .....	25 centigrams.
Iodide of potassium .....	30 centigrams.
Wine of opium .....	3 grams.
Pure glycerin .....	120 grams.

This should be applied to the throat once or twice a week, and a teaspoonful of this mixture in a half glassful of water makes a very good gargle. Tincture of guaiac is also recommended by Dr. Moure.

Another formula is:

Borax .....	6 grams.
Antipyrin .....	4 grams.
Tincture of guaiac .....	
Elix. aromatic .....	ää 5 grames.
Glycerin .....	140 grams.

A teaspoonful in a half glass of water as a gargle.

These preparations should be used as a gargle only during the subacute stage, and pure when there is not much inflammation.

—*Therapeutic Gazette*, July 15, 1902.

FOR PROSTATIC CONGESTION.—Dr. Stordeur recommends the following suppository for the relief of prostatic congestion from any cause:

Potassium iodide .....	5 grn.
Ichthyol .....	3 grn.
Morphin hydrochl.....	$\frac{1}{8}$ grn.
Ext. stramonium .....	$\frac{1}{8}$ grn.
Oil theobroma.....	sufficient

for one suppository. One or two daily.

—*Merck's Archives*, August, 1902.

SPEEDY METHOD TO RELIEVE THE PAIN OF PILES.—W. Carter (*Liverpool Medica-Chir. Jour.*, March, 1902,) relates the immediate and permanent relief of extreme pain caused by a suddenly protruded pile by a single application of a suppository composed of 10 per cent. of cocain and 20 per cent. of menthol in cocoa butter.—*American Medicine*, August 9, 1902.

PHOTOTHERAPY IN THE TREATMENT OF NEURASTHENIA.—The important modifications which occur in the nervous system following treatment by colored light rays or decomposed light have suggested to P. Joire (Lille, *La Semaine Médicale*, April 23, 1902,) the utilization of phototherapy in combating neurasthenic troubles. Red rays are to be preferred from their greater penetrative power, and their regulatory action on the circulation. Their use is particularly indicated in hyperesthesias, and their anodyne effect is supplemented by a beneficial effect on the general tone of the patient, an increase in appetite and a general regulation of digestion and nutrition. Notwithstanding their great sensibility, neurasthenics bear treatment with red light without difficulty, the vibration of these colored rays being very slow.—*American Medicine*, August 9, 1902.

## Department of the Ear, Nose and Throat.

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In charge of A. W. DEROALDES, M. D., and GORDON KING, M. D.,  
New Orleans.

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UNILATERAL HYSTERICAL DEAFNESS OF FIVE YEARS DURATION COMPLICATING JACKSONIAN EPILEPSY.—This interesting case reported by F. Chavanne, of Lyons, was a young woman 22 years of age, who, when five years old, had an attack diagnosed as meningitis, beginning suddenly with convulsions and high fever. After recovering from this she had no other nervous disorder until she reached the age of seventeen, when she again experienced a sudden attack of convulsions, clearly of the nature of Jacksonian epilepsy. When she regained consciousness it was discovered that the patient was completely deaf in the left ear. The epileptic attacks became very frequent and constant after this, and although the deafness persisted, nothing was done for it until five years later when she came under the observation of the author. At that time during the epileptic attacks the convulsive movements were exclusively limited to the right arm. Test of the hearing showed absolute loss of audition in the left ear, the right being somewhat affected also as the result of former middle ear suppuration. Test of the cutaneous sensibility showed right hemi-anesthesia. The treatment of the deafness which proved effective consisted of several applications of electricity to the auditory canal of the affected ear, as a means of suggestion. Within a month's time the hearing was restored to the left ear by this means, which in the author's opinion was conclusive evidence of the hysterical nature of the affection.—*Annales des Maladies de l'Oreille, etc.*, July, 1902.

A THYROID TUMOR AT THE BASE OF THE TONGUE. REMOVAL THROUGH THE MOUTH.—Dr. Ch. Goris, of Brussels, relates the history of this unusual case which appeared to be one of a thyroid gland having developed at the base of the tongue instead of its normal situation, and there degenerated into a goitre. Such a condition is not altogether unique, twenty-five cases of almost



similar nature having been reported by Curtis and Gaudier, of Lille, in the early part of the year. Most of these were considered as accessory thyroid glands, while Goris' case appears to have had only this thyroid. Removal of the tumor was effected after a preliminary tracheotomy by making an incision on the floor of the mouth to detach the tongue and draw it well forward, ligation of the dorsal arteries of the tongue, and extirpation of the gland through the mouth. The operation succeeded well, but the patient began soon after to suffer with general ill health and constant feeling of great fatigue. The menses disappeared, the voice weakened, and a slight edema appeared under the eyes—a condition of post operative myxedema. These symptoms disappeared promptly upon the administration of the thyroid extract. Microscopic examination of the tumor showed it to consist of thyroid gland structure.—*La Presse Otolaryngologique Belge*, July, 1902.

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## Miscellaneous.

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THE PENALTY OF NEGLECTING VETERINARY MEDICINE.—“We have often urged upon our readers the precept that it was not wise for practitioners of medicine to fail to inform themselves to some extent in comparative pathology. What comes of such neglect? Ignorance of the connection between disease in the lower animals and disease in man, ignorance even of the existence among human beings of certain malignant diseases of domestic animals. The veterinarians properly insist upon the importance of their work from the point of view of the public health, but seldom so cogently as was recently done by W. H. Dalrymple, M. R. C. V. S., of the Louisiana State University, in a paper entitled, *The Value of Co-operation in the Sanitary Control of Our Periodic Epizootics of Anthrax*,’ read before the Louisiana State Medical Society in June, and published in the August number of the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

“Those of us—and we are not a few—who have seen occasional cases of malignant pustule in the human subject do not need to be told that Surgeon General Sternberg was in error

when he stated in his text-book of Bacteriology that anthrax did not prevail in the United States, unless, indeed, he used the word 'prevail' in a sense that would suggest an ever-present pestilence; but few of us probably are aware of the amount of devastation wrought by the disease in Louisiana and Mississippi. A striking picture of the facts is given by Prof. Dalrymple, and his recommendations for restricting outbreaks are such as must commend themselves to those who reflect upon the situation. But it is not to these features of his very interesting communication that we shall now direct attention, but to the eloquent plea that he makes for comparative pathology as a subject of thought with the medical profession in general.

"He says he knows of country practitioners who have turned their veterinary knowledge to account in times of anthrax epizootics by informing the people of their danger and inculcating such sanitary precautions as the complete destruction of the carcasses of animals that have succumbed to the disease, and the practice of thorough disinfection; and the results have been brilliant. 'But,' he adds, 'I have heard of others who, on being asked for information, because the victim of anthrax happened to be a mule or a cow, explained with an air of wounded dignity, 'I'm no mule or cow doctor, and don't know anything about it!' " The dignity that needs to be so safe-guarded must, we should say, be made of very unsubstantial stuff. The result of such a reply, says the author, has often been that some illiterate person, without any sanitary knowledge whatever, has been called in, and the contagion been permitted to spread broadcast. It does not, he aptly says, indicate the spirit of the true pathologist to disclaim all interest in the diseases of the lower animals, for he "looks upon disease as such, and does not consider the subject that accidentally has become the victim of it." And he is quite justified in deprecating forgetfulness of the fact that "the magnificent strides medical science has and the exalted pinnacle to which it has attained in recent years" have been largely owing to the efforts of the veterinarians.—*N. Y. Medical Journal*, Editorial.

## Society Proceedings.

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### Orleans Parish Medical Society.

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MEETING OF JULY 26, 1902.

DR. J. C. WILLY read a paper on *Gelatin as a Styptic*.

#### DISCUSSION.

DR. EDMOND SOUCHON had no personal knowledge of the therapeutic worth of gelatin as a styptic. A physician had related to him a case of embolism of the central artery of the retina, with blindness, which had been attributed to the injection of gelatin.

DR. DYER asked if any bleaching of the skin followed the application of the gelatin to the surface; if so, it might serve in superficial nevi. Was not gelatin, in Dr. Willy's case, a hemostatic rather than a true styptic? If a true styptic, it should be of service in the treatment of cavernous nevus and could supersede the use of iron and carbolic acid.

DR. SEXTON had tried some of the Parke-Davis gelatin tablets in a case of hemorrhage from the nose in a patient suffering from mitral regurgitation with tuberculosis. One of the cones had been pressed into the nostril and other remedies had been used in conjunction, among them chloride sodium solution and the inhalation and exhalation of air. Hemorrhage had been checked. One of the objections to the use of gelatin in this manner was its great bulk. He mentioned two cases of tetanus caused by the injection of gelatin (*Journal of the A. M. A.*). The best way to use gelatin was in conjunction with adrenalin.

DR. GUTHRIE—The cases of tetanus mentioned had no more bearing upon the discussion of the merits of the gelatin injections than had the cases of tetanus which occurred in St. Louis after the use of contaminated antitoxin. Tetanus was always the result of bacterial infection. It and other infections could be avoided by thorough sterilization of substance injected.



Dr. Guthrie believed that extemporaneous sterilization of gelatin solutions was not adequate where the fluid was to be injected into the veins or into the subcutaneous tissues. He would insist on the methods used in bacteriological laboratories for sterilization, that is, sterilizing for half hour on three successive days. Gelatin as a hemostatic was a rational procedure and was an addition to the very meager means at our command for combating hemorrhage from the lung or from other internal organs.

DR. WILLY, in closing discussion, said there was no other drug which could so increase the coagulability of the blood. Gelatin did not cause vessels to contract.

#### REPORT OF CASES.

Under this head, DR. DABNEY remarked upon the observation of Charles Darwin that deaf-mutes were not more liable than other people to have deaf-mute children. This was an exception to the rule that like begets like. In this connection, Dr. Dabney mentioned a family personally known to him in which the father and mother were both deaf-mutes, but none of the children nor of the many grandchildren were so afflicted.

DR. GORDON KING asked whether these parents were congenital deaf-mutes or had acquired the deaf-mutism.

DR. DABNEY replied that they were congenital deaf-mutes.

DR. KING said that his impression was that the rule was just opposite to what Dr. Dabney had stated, and that congenital deaf-mutes usually had deaf-mute children. This was not so often the case with parents with acquired deaf-mutism. Education was also said to be a factor in the deaf-mutism in children of deaf-mute parentage. If left wholly to the society of their parents these children might be functionally deaf-mute, whereas if their surroundings had been normal they might have learned to talk and hear.

DR. DABNEY recalled another instance in which both father and mother were deaf-mutes (the father being of a strongly deaf-mute family), but none of their five children was deaf-mute.

DR. GRANER, on the other hand, cited a family in which the father was a deaf-mute and the mother was completely deaf; two of the children were deaf-mutes and the other two were deaf.

DR. SEXTON knew of a family in which both father and mother being deaf-mutes, all their children were deaf-mutes, and one of them was, in addition, devoid of arms and legs.

DR. FEINGOLD disagreed with Dr. King's statement as to the rôle played by education in the deaf-mutism of children of deaf-mute parentage. Deafness was dependent upon some anatomic malformation of the auditory apparatus. If the temporal lobe, acoustic nerve and all the auditory apparatus were intact, the children would not be deaf-mutes, in spite of the fact of being left with deaf-mute parents.

DR. PERKINS insisted upon the fact that even if the children had normal structures they might never learn to speak if they were brought up solely by their deaf-mute parents.

DR. M. M. LOWE said that he knew of a family, the father and mother of which were deaf and dumb from birth, but the children were neither deaf nor dumb. On a visit to the Baton Rouge institute for deaf and dumb children he had heard some of the inmates repeat the Lord's prayer tolerably well. The deaf children were enabled to hear by means of the galvanic current applied to the ears.

#### MEETING HELD AUGUST 9, 1902.

DR. F. A. LARUE read a paper on *Three Cases of Paralysis of Traumatic Origin, With Recovery.*

No discussion.

#### REPORT OF CASES.

DR. GRANER reported a case of a woman who had received two gunshot wounds in the region of the scapula, ranging through the axillary space. The arm was completely paralyzed. There was intense pain and edema. After opiates, electricity, ice, etc., had been tried, without any material benefit, extension and stretching of arm, under chloroform anesthesia, was practiced several times, and the trouble was cured and patient discharged.

DR. SEXTON related a case of abscess of the liver in a brewery worker. Patient had fever for a week before Dr. Sexton was called. Severe pain over hepatic region and slight bulging. Aspiration yielded bloody serum, but no pus. Pulse was 140 to 150, respiration was 50, temperature 105. At the operation,

about a glassful of serum came first, followed by liver pus. There was some improvement after a week, during which the patient was given quinin, strychnin and digitalis. His bowels were kept open with Hunyadi water; hydrotherapy was used for control of temperature. The abscess was irrigated three times a day with boracic solution. Pulse and respiration still remained very high. He wished to know the opinion of the members of the Society, as he considered the prognosis very grave.

DR. LARUE believed that the case would terminate fatally, as the condition indicated profound sepsis.

DR. STORCK had seen cases where pleuritic involvement caused the symptoms.

DR. GESSNER had seen two cases of liver abscess in which operation had yielded at first serum only. The first case was one of extra-uterine pregnancy, in which septic diarrhea was followed by liver abscess. This case recovered. The second patient died of collapse following rapid evacuation of the abscess. He thought that the fact that serum was aspirated from the abscess at first instead of pus was explained by the sedimentation of the pus due to gravity.

DR. OECHSNER believed that a large incision should be made to determine the existence of secondary abscesses. He related a case in which there was dulness at the base of the right lung, but in which one exploration of the lung and two explorations of the liver were negative. The third exploration of the liver yielded pus. A resection of ribs was two and two abscesses were evacuated. The patient died. Post-mortem revealed multiple abscesses—about 25.

DR. CLARK related *a case of multilocular abscess of the liver*, operated by Dr. Kohlmann.

DR. SEXTON, in closing, spoke of a case where abscesses were found two weeks after negative explorations had been made by him. Very often patients would refuse operation until the presence of pus had been absolutely demonstrated by the exploring syringe. He suggested the possibility of the serum being preliminary to pus formation, as well as to the settling of pus cells, as suggested by Dr. Gessner.

DR. LARUE reported the following interesting case: On June 26 *a man was struck on the abdomen by two blocks of ice*, each



weighing fifty pounds. On the succeeding three days he worked as usual. On June 29, he felt a slight pain. On June 30, a painful lump, "like a boil," appeared on abdomen, in or near the left hypochondrium. Patient used poultices, etc., for about a week. On July 6, he walked into the Hospital. An abscess of the abdominal wall was suspected, an incision was made under cocain anesthesia. As considerable amount of pus flowed out and the finger could be introduced for three inches into what proved to be an abscess of the left lobe of the liver. Adhesion had formed. After four daily dressings, pus diminished and temperature was normal. Patient was up five days after the operation and perfectly well in a month. This same patient had had an hepatic abscess operated upon May 5, 1899, was out of bed May 26, and discharged from Hospital May 31. He had also been operated upon for hepatic abscess in February, 1902, and had recovered very promptly. Dr. Larue had recently been told by another physician of a similar case. In his own case, there was evidence of bile on dressings, but he had once seen a case at the New Orleans Sanitarium that had so stained the sheets that a yellow curtain would look pale by comparison. He had once seen with Dr. DeGrange a case of abscess of the left lobe in which there was no bile. This man had been struck by a machine belt.

DR. CLARK had seen a man at the Touro Infirmary who had recovered after three distinct hepatic abscesses at different times, and another patient had had two.

#### RESOLUTIONS ON THE DEATH OF DR. E. D. BEACH:

WHEREAS, The Supreme Being, in His infinite wisdom, has removed from our midst our beloved honorary member, DR. E. D. BEACH; be it

*Resolved*, That in the death of our venerable brother, the medical profession and the public have sustained the loss of a good man, who had endeared himself to several generations by his conscientious devotion to duty and his skillful ministration to the afflicted; be it further

*Resolved*, That we tender the bereaved family our deepest sympathy in the great loss they have sustained and trust that He who overlooks our destinies will comfort them in their sorrow; be it further

*Resolved*, That these resolutions be inscribed on the minutes of the Orleans Parish Medical Society, be published in the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, and a copy be sent to the family of our deceased honorary member.

(Original Signed) JOHN CALLAN, M. D.,  
*Chairman;*  
 J. F. OECHSNER, M. D.,  
 E. L. MCGEEHEE, M. D.,  
*Committee.*

## American Medical Association Notes.

NEXT MEETING IN NEW ORLEANS, MAY 5, 6, 7 AND 8, 1903.

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*Oration on Medicine*—J. M. Anders, Philadelphia, Pa.

*Oration on Surgery*—A. F. Jonas, Omaha, Neb.

*Oration on State Medicine*—Wm. H. Welch, Baltimore, Md.

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*Hygiene and Sanitary Science*—Chairman, H. M. Bracken, Minneapolis, Minn.; Secretary, G. T. Swarts, Providence, R. I. Executive Committee—Arthur R. Reynolds, Chicago.

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*Diseases of Children*—Chairman, John C. Cook, Chicago; Secretary, Thos. S. Southworth, New York City. Executive Committee—Edwin Rosenthal, Philadelphia; Samuel W. Kelley, Cleveland; H. M. McClanahan, Omaha.

*Stomatology*—Chairman, M. L. Rhein, New York; Secretary, Eugene S. Talbot, Chicago. Executive Committee—M. H. Fletcher, Cincinnati; R. R. Andrews, Cambridge, Mass.; A. H. Peck, Chicago.

*Nervous and Mental Diseases*—Chairman, F. W. Langdon, Cincinnati; Secretary, F. Savary Pearce, Philadelphia, Pa. Executive Committee—Hugh T. Patrick, Chicago; H. A. Tomlinson, St. Peter, Minn.; Richard Dewey, Wauwatosa, Wis.

*Cutaneous Medicine and Surgery*—Chairman—John A. Fordyce, New York; Secretary, R. R. Campbell, Chicago. Executive Committee—L. Duncan Bulkley, New York; W. L. Baum, Chicago; Henry W. Stelwagon, Philadelphia.

*Laryngology and Otology*—Chairman, Geo. L. Richards, Fall River, Mass.; Secretary, J. F. Barnhill, Indianapolis, Ind. Executive Committee—C. R. Holmes, Cincinnati; J. N. Mackenzie, Baltimore; G. Hudson Makuen, Philadelphia.

*Materia Medica, Pharmacy and Therapeutics*—Chairman, Solomon Solis-Cohen, Philadelphia; Secretary, C. S. N. Hallberg, Chicago. Executive Committee—Leon L. Solomon, Louisville, Ky.; N. S. Davis, Jr., Chicago; George F. Butler, Alma, Mich.

*Physiology and Pathology*—Chairman, Victor C. Vaughan, Ann Arbor, Mich.; Secretary, Joseph McFarland, Philadelphia. Executive Committee—W. S. Hall, Chicago; L. Hektoen, Chicago; Frank B. Wynn, Indianapolis.

#### COMMITTEE OF ARRANGEMENTS AND CHAIRMEN OF SUB-COMMITTEES:

*On Arrangements*—Dr. Isadore Dyer, Chairman; Dr. J. B. Guthrie, Secretary; Dr. L. G. LeBeuf, Treasurer; Drs. E. S. Lewis, F. W. Parham, R. Matas, John Callan, H. B. Gessner, F. A. Larue, E. Souchon, A. W. De Roaldes, A. G. Friedrichs, Q. Kohnke, E. D. Martin, J. F. Oechsner.

*On Finance*—Chairman, Dr. John Callan; members, Drs. L. G. LeBeuf, E. L. McGehee, E. J. Graner, F. A. Larue, S. L. Théard, H. S. Lewis, A. C. King, C. J. Miller.



*On New Membership*—Chairman, Dr. F. W. Parham; members, Drs. G. Farrar Patton, H. A. West (Galveston), W. M. Perkins, H. B. Gessner A. Nelken, E. D. Moss.

*On Transportation*—Chairman, Dr. Edmond Souchon; members, Drs. P. B. McCutcheon, Arthur Nolte, G. Farrar Patton, C. L. Horton, M. Souchon.

*On Entertainment*—Chairman, Dr. L. G. LeBeuf; members, Drs. P. E. Archinard, F. Formento, F. W. Parham, E. S. Lewis, S. E. Chaillé, Geo. J. Friedrichs, E. D. Martin, C. J. Landfried, S. M. Fortier, J. D. Bloom, L. F. Reynaud, H. P. Jones.

*On Halls and Meeting Places*—Chairman, Dr. John F. Oechsner; members: List to appear.

*On Badges*—Chairman, Dr. H. B. Gessner; members, Drs. C. M. Brady, W. A. Gillaspie, Jules Lazard, I. I. Lemann, W. E. Walker.

*On Banquets*—Chairman, Dr. A. W. De Roaldes; members, Drs. C. Chassaignac, Gordon King, F. Larue, J. Laurans.

*On General Exhibits*—Chairman, Dr. Q. Kohnke; members, Drs. E. M. Dupaquier, W. Scheppegegrell, S. P. Delaup, H. P. Jones, J. Barnett.

*On Bureau of Information*—Chairman, Dr. A. G. Friedrichs; members, Drs. J. B. Elliott, P. Michinard, J. B. Guthrie, E. L. McGehee, J. A. Storck, I. I. Lemann, E. A. Robin, M. H. Maguire, J. J. Archinard, Frank Chalaron, Paul Gelpi, R. J. Mainegra, L. Sexton, E. D. Fenner, R. W. Salter, J. B. Elliott, Jr., Wm. Robin; (other names to appear).;

*On Programs, Publications and Printing*—Chairman, Dr. F. A. Larue, members, Drs. Paul Gelpi, P. L. Thibaut, F. L. Cazenavette.

*On Registration*—Chairman, Dr. Rudolph Matas; members, Drs. John Smyth, S. M. D. Clark, U. Maes, Henry Blum, Jules Lazard, H. E. Ménage.

*On Post Office*—Chairman, Dr. E. S. Lewis; members, Drs. C. J. Miller, J. Roussel.

*On Hotels*—Chairman, Dr. E. D. Martin; member, Dr. E. D. Moss.

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## Louisiana State Medical Society Notes.

Next meeting in New Orleans, Tuesday, Wednesday and Thursday, April 28, 29 and 30, 1903. President, Dr. Isadore Dyer, New Orleans; Recording Secretary, Dr. Wm. M. Perkins, 163 University Place, New Orleans; Corresponding Secretary, Dr. A. G. Friedrichs, 641 St. Charles street, New Orleans; Treasurer, Dr. H. S. Cocram, 124 Baronne street, New Orleans; Chairman, Committee of Arrangements, L. G. LeBeuf, 124 Baronne street, New Orleans.

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MEMBERS IN ARREARS should remit at once to the recording secretary, Dr. Perkins, in order to receive the transactions and the JOURNAL, the official organ of the society.

THE COMMITTEE ON REPORT ON REORGANIZATION AND NEW CONSTITUTION has been appointed by the president as follows: Chairman, Dr. Charles Chassaignac; Drs. W. G. Owen, F. W. Parham, Q. Kohnke and J. M. Barrier.

THE CHAIRMAN OF THE COMMITTEE OF ARRANGEMENTS urges all chairmen of sections to decide upon a subject for discussion as soon as possible, so that the whole matter may be studied by the general membership in advance of the meeting.

LIST OF SECTIONS WITH CHAIRMEN AND PARTICIPANTS APPOINTED  
BY THE PRESIDENT.

GENERAL MEDICINE.—Chairman, Dr. R. B. Paine, Mandeville. To open discussion, Dr. E. L. McGehee, New Orleans; Dr. J. F. Pigott, Covington; Dr. I. M. Callaway, Shreveport.

SURGERY.—Chairman, Dr. F. W. Parham, New Orleans. To open discussion, Dr. Randell Hunt, Dr. T. E. Schumpert, Shreveport; Dr. Felix A. Larue, New Orleans.

NEUROLOGY, INCLUDING MENTAL DISEASES.—Chairman, C. D. Simons, Dutch Town. To open discussion, Dr. P. E. Archinard, New Orleans; Dr. G. A. B. Hays, Jackson; Dr. St. M. Fortier, New Orleans.

MATERIA MEDICA AND THERAPEUTICS.—Chairman, Dr. N. D. Vance, Shreveport. To open discussion, Dr. S. D. Porter, Moreauville; Dr. R. W. Seay, New Orleans.

DISEASES OF CHILDREN.—Chairman, Dr. E. M. Dupaquier, New Orleans. To open discussion, Dr. G. R. Fox, Moreauville; Dr. L. Abramson, Shreveport.

OBSTETRICS AND GYNECOLOGY.—Chairman, Dr. C. Jeff. Miller, New Orleans. To open discussion, Dr. F. S. Furman, Shreveport; Dr. R. C. Webb, Rayne; Dr. L. Périlliat, New Orleans.

GENITO-URINARY DISEASES.—Chairman, Dr. A. R. Trahan, Lafayette. To open discussion, Dr. Chas. Chassaignac, New Orleans; Dr. T. P. Singletary, Baton Rouge.

DERMATOLOGY.—Chairman, J. N. Roussel, New Orleans. To open discussion, Dr. Ralph Hopkins, New Orleans.

OPHTHALMOLOGY.—Chairman, Dr. G. C. Chandler, Shreveport. To open discussion, Dr. R. W. Salter, New Orleans; Dr. J. R. Fridge, Baton Rouge.

OTOLOGY.—Dr. Gordon King, New Orleans. To open discussion, Dr. C. J. Landfried, New Orleans.

MEDICAL JURISPRUDENCE.—Chairman, Dr. Fred. J. Mayer, Scott. To open discussion, Dr. Q. Kohnke, New Orleans.

QUARANTINE.—Chairman, Dr. A. Nolte, New Orleans. To open discussion, Dr. F. M. Thornhill, Arcadia.

BACTERIOLOGY.—Chairman, Dr. O. L. Pothier, New Orleans. To open discussion, Dr. John J. Archinard and Dr. W. B. Robertson, New Orleans.

ANATOMY AND PHYSIOLOGY.—Chairman, Dr. C. H. Irion, Benton. To open discussion, Dr. S. P. Delaup, New Orleans; Dr. H. L. Ducrocq, Lafourche Crossing.

SANITARY SCIENCE.—Chairman, Dr. R. L. Randolph, Alexandria. To open discussion, Dr. G. F. Patton, New Orleans.

ORAL SURGERY.—Chairman, Dr. A. G. Friedrichs, New Orleans. To open discussion, Dr. J. A. Storck, New Orleans.

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## Medical News Items.

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OSTEOPATHS MUST STAND EXAMINATION IN ALABAMA.—Commenting upon a recent decision, handed down by the Supreme Court of Alabama, the *Journal the American Medical Association* says:

“By a decision of the Supreme Court rendered June 28, in the case of Eugene Bragg vs. the State of Alabama, the decision of the lower court was affirmed. The decision affects several hundred men throughout the State, and will have the virtual effect of driving them from the State. Osteopaths are thus held to be practitioners of medicine, and must stand the examination as required by the laws of the State of Alabama for all persons entering the practice of medicine. This is another victory for the medical laws of Alabama and for the physicians who have labored for a higher medical education and reasonable qualifications to enter on the practice of medicine.”—*Alabama Medical and Surgical Journal*.

HOSPITALS IN THE UNITED STATES.—There are about 2,500 hospitals and asylums in the United States. These give employment to 65,000 people and pay over \$23,000,000 in salaries. These hospitals have 300,000 beds, are attended by 37,500 physicians and treat over 1,000,000 patients during the year.—*Dietetic and Hygiene Gazette*.

NEGRO POPULATION INCREASING.—The negro population of Philadelphia is rapidly increasing, and statisticians claim that if the present rate of increase continues the end of the next decade will see this city the center of greatest density of the national



negro population. The increase is now about 5,000 yearly, and the tendency is toward a general spreading over the city. A marked increase in the black population has been caused by the importation of hundreds of negro laborers to work on the new filtration plants.

**FEMALE LEPER ASYLUM.**—The Burmah Government has given land and the Provincial Forest Department a large quantity of timber for the construction of a new female leper asylum at Rangoon, India.

**THE TRI-STATE MEDICAL SOCIETY OF ALABAMA, TENNESSEE AND GEORGIA** will hold its next meeting in the city of Birmingham, Ala., October 7-10. The indications are that the attendance will be large and many prominent physicians from the three States will read papers.

**VACCINATION LAW VALID.**—The Supreme Court of New York has decided that the State law excluding unvaccinated children from schools is constitutional. This decision was based on the application of a citizen of Queens borough for a mandamus admitting his son to school without having been vaccinated.

**NEW JERSEY STATE MEDICAL EXAMINING BOARD.**—Forty out of forty-eight candidates passed the recent examinations. The New Jersey State Board maintains reciprocal relations with other States whose examining and license requirements are at least equal to those of New Jersey. The number of States entering into such reciprocity with New Jersey is constantly increasing.

**APPLICANT'S RIGHT TO EXAMINE PAPERS.**—The city solicitor of Washington, D. C., has, in an opinion handed down to the Board of Medical Supervisors, decided that an unsuccessful applicant for license to practice medicine has the right to inspect his papers afterward. The decision was the result of the refusal of the board to permit such inspection by a rejected candidate.

**RETURNED.**—Dr. O. L. Pothier has returned from Vera Cruz after his special service in mosquito studies under the auspices of the Marine Hospital Service.

Dr. H. E. Ménage has returned home to New Orleans after an active army service in Cuba, the Philippines and latterly at Fort Ringold.

Dr. Wm. T. O'Reilly was recently appointed by the Mayor to a position as member of the Sewerage and Water Board.

THE HOT SPRINGS MEDICAL JOURNAL appears with a new cover, and announces to its friends that Drs. Holland, Jelks and Bernart are the editorial staff.

THE ILLINOIS STATE BOARD OF HEALTH has deemed essential that action be taken to protect the sight and hearing of the school children of the State. The attention of the Board was directed to this matter by the facts found by the Child's Study Department of the Board of Education of Chicago. This Department made a systematic examination of the vision and hearing of the school children and found that 32 per cent. of the boys and 37 per cent. of the girls had defective vision, falling two-thirds below the normal, and that this number grows steadily larger from the beginning to the end of school life. Also, that many apparently dull pupils are only so because they are suffering from defects of vision.

A plan of examination to be made in every school in the State of Illinois was adopted. The examination proposed consists of a brief and simple examination of each child's eyes and ears, once a year by the school teachers. While practical in character, they are made in the simplest manner possible, and are unobjectionable. The teacher simply asks ten questions, which disclose the existence of important eye or ear diseases and are so simple that the teacher can examine a child in five minutes. If the answers disclose the existence of some eye or ear defect, the parent is notified by a card of warning. This states that an eye or ear defect is believed to exist, and the parent is earnestly requested that the matter be attended to, as such defects necessarily retard school progress, and militate against the well being of the child.

Action is not compulsory, but no parent is apt to disregard this advice. If medical advice is necessary, the parents are, of course, at liberty to consult any physician they desire.

PROF. VIRCHOW, whose death is universally mourned and to whom we shall refer again shortly, was accorded a public funeral at the expense of the city of Berlin.

THE NEW ORLEANS RAILWAYS CO. has appointed the following as surgeons for its various divisions: Drs. J. T. De Grange, R. W. Walmsley, E. L. McGehee, E. Moss, and C. J. Miller.

THE NEW ORLEANS UNIVERSITY, colored, has changed the name of its medical department to "Flint Medical College."

A BOARD OF HEALTH was appointed in St. Bernard with a view of creating an opportunity to have the new law providing for the organization of parish boards of health brought before the courts owing to certain gross errors committed by the enrolling clerk. Legal proceedings against the new Board of Health will be inaugurated before the Twenty-ninth Judicial District Court.

NEW ORLEANS, LA., Oct. 1, 1902.

DEAR DOCTOR—The next Annual Confederate Reunion will take place in New Orleans in April, 1903, and in connection therewith, the "Association of Medical Officers of the Army and Navy of the Confederacy" will hold its special meetings. This Association is composed not only of Confederate medical officers but also of doctors who are sons of Confederate Veterans.

At the last three Reunions the medical profession of Louisville, of Memphis and of Dallas extended to this Association the most cordial welcome and notable hospitality.

A grateful and generous appreciation of the gallant survivors of the *Lost Cause*, growing rapidly fewer in numbers, should be manifested by the medical profession of New Orleans. To this end various committees should be formed to provide all necessary arrangements. For this purpose the undersigned solicit the presence not only of every physician eligible to membership in the Association, but also of every reputable member of the medical profession, at a meeting to be held at the rooms of the Orleans Parish Medical Society, 163 University Place, at 7:30 P. M., Saturday, November 1, 1902.

S. E. CHAILLÉ, M. D.,

Dean Med. Dept. Tulane University.

CHAS. CHASSAIGNAC, M. D.,

Pres. New Orleans Polyclinic.

ISADORE DYER, M. D.,

Pres. La. State Med. Society.

HERMANN B. GESSNER, M. D.,

Pres. Orleans Parish Med. Society.



## Book Reviews and Notices.

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*All new publications sent to the JOURNAL will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the JOURNAL to review as many of the works received as possible, the editors will be guided by the space available and the merit of the respective publications. The acceptance of a book implies no obligation to review.*

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*Diseases of the Nose, Pharynx and Ear.* BY HENRY GRADLE, M. D., Chicago. W. B. Saunders & Co., Philadelphia and London.

The author of this comprehensive work on Ear, Nose and Throat Diseases has had an experience with these special diseases extending over a period of nearly twenty-five years, and it has been his aim in writing the text of his book, to eliminate such theories and procedures of a therapeutic nature that have not stood the test of close observation and critical experience. Much attention is given to topographic anatomy of the special organs under consideration, as being a requisite for a thorough understanding of the pathology and surgery of these regions, and to this end the author has utilized some of the excellent plates found in the works of Politzer and Zuckerkandl. Full illustrations are given of the surgical instruments and special devices recommended for the treatment of the diseases described. Full and detailed consideration is given to etiology and pathology, and the part devoted to therapy is particularly interesting and contains many facts of great practical value.

DE ROALDES & KING.

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*The Practical Medicine Series of Year Books.* Volumes I and VII. Volume I, devoted to General Medicine, and is edited by FRANK BILLINGS, M. D., with the collaboration of S. C. STANTON, M. D. The Year Book Publishers, October, 1901.

The series is to be issued in ten volumes, one appearing monthly under the general editorial charge of Gustavus P. Head, M. D. It is the intention of the editor to review or take notice of all the advances in medicine and surgery. The paper and type in volume one is about as poor as we have seen in a medical work in a long time.

Volume VII, issued June, 1902, treats of Materia Medica and Therapeutics. Preventive Medicine, Climatology, Forensic Medicine. Edited by Geo. F. Butler, Ph. G., M. D.; Henry B. Favill, A. B., M. D.; Norman Bridge, A. M., M. D.; Harold N. Moyer, M. D.

The information given is from reliable sources, and represents the work of the advanced thinkers in their respective fields. We are also pleased to notice a marked improvement in the typographic work of this volume

STORCK.

*Atlas and Epitome of Abdominal Hernias.* By DR. GEO. SULTAN, edited by WM. B. COLEY, M. D. W. B. Saunders & Co., Philadelphia and London, 1902.

This little book is a masterpiece. It treats the entire subject in a manner most comprehensive and instructive. The plates are unexcelled and define hernia so accurately that the text is almost a secondary consideration. Every general practitioner as well as every surgeon should be provided with this work, for whereas it clearly describes and illustrates all operative procedures, it also treats of the diagnostic symptoms and methods to be adopted in the reduction of hernias. MARTIN.

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*A Manual of Instruction in the Principles of Prompt Aid to the Injured*, including a chapter on hygiene and the drill regulations for the hospital corps, U. S. A. By DR. ALVAH H. DOTY. D. Appleton & Co., New York, 1902.

The fourth edition of this little book which is just completed, resembles the previous editions. It has been rewritten to meet the requirements of advanced surgery. The style is easy and comprehensive and the illustrations clear. It should prove especially valuable to young physicians who have not had the advantage of hospital training as well as to the student and nurse. MARTIN.

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*System of Physiologic Therapeutics.* Vol. IX. *Hydrotherapy, Thermotherapy, Heliotherapy and Phototherapy.* By DR. WILHELM WINTERNITZ, assisted by DR. ALOIS STRASSER and DR. B. BUXBAUM; *Balneology and Crounotehrapy.* By DR. E. HEINRICH KISCH. Translated by DR. AUGUSTUS A. ESHNER, with Special Chapters by DRs. GUY HINSDALE, A. C. PEALE, J. H. KELLOGG and HARVEY CUSHING. P. Blakiston's Son & Co., Philadelphia, 1902.

In thorough line with the previous volumes of this excellent System, this volume presents a mass of information upon subjects for the most part unknown to the rank and file of the medical profession. Of late years so much of advance has been attained along the line of water, light and heat treatments that the presentation of a text devoted solely to these subjects is not only timely, but a desideratum. The selection of authors for the text has been especially happy, as Dr. Winternitz and the translator, Dr. Eshner, are both well known along their respective lines.

Not only are methods of application of various sorts of baths, uses of water, etc., exploited, but discursive chapters are devoted to the physiologic effect of these in each instance. Illustrations are judiciously placed here and there to indicate a better understanding of an already clear text. More than this, the indication in particular diseases is treated fully, at times exhaustively.

This same running criticism applies to the chapters on heat and light.

Nearly half of the book is devoted to the discussion of mineral waters and their serviceability in disease; Dr. Peale presents an exhaustive article, classifying mineral springs, showing the analysis of these and in detail taking up the application of each to particular diseases. With the work of Dr. Crook on Mineral Waters of the United States, this alone must prove of valued service to the profession, who should be grateful for so excellent a contribution to a subject in which so much education is desired and needed. DYER.

## Publications Received.

*Photographic Atlas of the Diseases of the Skin*, by George Henry Fox, M. D. Part XIV. J. B. Lippincott Co., Philadelphia and London, 1901.

*Year Book of the Department of Agriculture*, 1900.

*Tennessee State Medical Association Transactions*, 1902.

*Central College Physicians and Surgeons*, Indianapolis, Indiana. Session of 1902-03.

*Facts and Comments*, by Herbert Spencer. D. Appleton & Co., New York, 1902.

*Woolsey's Surgical Anatomy*, by Geo. Woolsey, M. D. Lea Brothers & Co., Philadelphia and New York, 1902.

*The Practical Medicine Series of Year Books*, Vol. VIII. Pediatrics and Orthopedic Surgery. Edited by W. S. Christopher, M. D., and J. Ridlon, M. D., July, 1902. The Year Book Publishers.

*The Practical Medicine Series of Year Books*, Vol. IX. Physiology, Pathology, Bacteriology, Anatomy. Edited by W. A. Evans, M. D. and A. Gehrman, M. D., August, 1902. The Year Book Publishers.

*The Diseases of the Nose, Throat and Ear*, by Charles Prevost Grayson, M. D. Lea Brothers & Co., Philadelphia and New York, 1902.

*Proceedings of the Philadelphia County Medical Society*, September, 1902.

*The Principles and Practice of Gynecology*, by E. C. Dudley. M. D. Lea Brothers & Co., Philadelphia and New York, 1902.

*New Orleans College of Dentistry*. Session of 1902-1903.

*The Twenty-Second Annual Announcement*, Denver and Gross College of Medicine.

*Annual Report of the Essex County Hospitals for the Insane*. 1902.

*The Publishers' Weekly*. Charles Scribner's Sons, New York. 1902.

*Michigan College of Medicine and Surgery*. 1902-1903.

*Bulletins of the University of Virginia*. July, 1902.

## Reprints.

*The Effects of 100 F. Temperature*. The Cell Lesion. A Case. A Study of the Pathological Substratum of Epilepsy, by S. Grover Burnett, M. D.

*The Methods Which Make For Success in Medicine in the Twentieth Century*, by T. Gaillard Thomas, M. D.

*The Rational Treatment of Movable Kidney and Associated Ptooses*, by A. Ernest Gallant, M. D.

*The Ear from a Medicolegal Standpoint*, by W. Scheppegrell, A. M., M. D.

*Heredity with a Study of the Statistics of the New York State Hospitals*, by William C. Krauss, M. D.

*The School of Salerno and the Salernitain Physicians*, by Dr. George Becavin.



## MORTUARY REPORT OF NEW ORLEANS.

(Computed from the Monthly Report of the Board of Health of the City of New Orleans.)  
FOR AUGUST, 1902.

CAUSE.	White.	Colored.	Total.
Rheumatism .....	2	....	2
Paralysis .....	4	....	4
Asthma .....	2	....	2
Congenital Malformations.....	2	....	2
Fever, Intermittent.....	10	5	15
"    Scarlet.....	1	....	1
"    Typhoid or Enteric.....	9	7	16
Puerperal Diseases.....	1	2	3
Bronchitis .....	3	2	5
Diphtheria.....	3	....	3
Broncho-Pneumonia .....	4	....	4
Erysipelas .....	1	1	2
Whooping Cough.....	2	....	2
Pneumonia .....	8	14	22
Cancer.....	18	3	21
Tuberculosis .....	36	39	75
Diarrhea (Enteritis) .....	12	7	19
Dysentery .....	2	4	6
Other Intestinal Diseases .....	3	1	4
Hepatic Cirrhosis .....	7	1	8
Other Liver Diseases.....	3	3	6
Peritonitis .....	1	....	1
Appendicitis.....	1	....	1
Debility, Senile.....	19	8	27
"    Infantile .....	11	1	12
Bright's Disease (Nephritis) .....	19	20	39
Other Diseases of Urinary Organs.....	5	1	6
Heart, Diseases of .....	27	14	41
Congestion of Brain.....	16	2	18
Sunstroke .....	15	6	21
Meningitis.....	7	4	11
Convulsions, Infantile .....	2	5	7
Septicæmia .....	2	5	7
Trismus Nascentium .....	5	3	8
Injuries.....	23	10	33
Suicide .....	7	....	7
All Other Causes.....	26	21	47
<b>TOTAL .....</b>	<b>319</b>	<b>189</b>	<b>508</b>

Still-born Children—White, 26; colored, 18; total, 44.

Population of City (estimated)—White, 223,500; colored, 81,500; total, 305,000.

Death Rate per 1000 per annum for Month—White, 17.72; colored, 27.82; total, 19.95.

## METEOROLOGIC SUMMARY.

(U. S. Weather Bureau.)

Mean atmospheric pressure.....	29.97
Mean temperature.....	84.
Total precipitation .....	2.93 inches.
Prevailing direction of wind, southwest.	

# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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VOL. LV.

NOVEMBER, 1902.

No. 5.

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## Original Articles.

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[No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. A complimentary edition of fifty reprints of his article will be furnished each contributor should he so desire. Any number of reprints may be had at reasonable rates if a WRITTEN order for the same accompany the paper.]

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### THE RECIPROCITY OF MEDICAL EXAMINING BOARDS.\*

By E. L. McGEHEE, M. D., New Orleans.

Few professions require more careful preparation than that of medicine. The physician must deal with every science to detect the presence of disease and apply appropriate remedies. Every one may have to consult him, but few can judge of the qualifications, learning and skill which he possesses. Reliance must, therefore, be placed upon his license, which must be issued by an authority competent to judge. This power is invested by many of the States in a "Board of Medical Examiners." The object of these "Boards," then, is to protect the people from the practice of unfit and unskilful persons in the medical profession. This tribunal has to pass upon the *moral* fitness as well as professional qualifications of persons desiring to practice medicine. The ministerial power invested in the Board of Medical Examiners is to discriminate for the public and to protect it from the charlatan and quack, but not to prevent competent physicians locating when and where they may choose.

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\* Read before the Louisiana State Medical Society, Shreveport, June, 1902.

It is apparent that one evil the Board was designed to check has been diminished, *i. e.*, granting of diplomas to unprepared applicants. Medical colleges have elevated the standard, and the best have lengthened the period of study to four courses; a move which the foremost thinkers for years have been anxious to make.

Hear the words of one whose love of truth and devotion to the medical profession has made his influence in the elevation of medicine in the South greater than that of any other living man:

“Most of the States now have Medical Examining Boards as their agents to protect the public from unqualified physicians. Why should these Boards not be empowered to make inspections of and to enforce such regulations on all medical colleges as may be indispensable to provide the public with properly qualified practitioners of medicine?”

Thus spoke Dean S. E. Chaillé at the last graduation exercises of the Medical Department of the Tulane University of Louisiana.

The exercise of this important, delicate, legal function requires great care and judgment. To justly guard the interests of the State, the honor and dignity of the profession, and at the same time by a few (five questions on ten branches, in Louisiana) technical questions to decide the present fate and possibly the eternal destiny of the applicant, is indeed a high prerogative. The results of a mistake are grave and its limitations difficult to decide.

SELECTION OF QUESTIONS.—It is the effort of all Boards to select plain, practical, common-sense questions, which show a knowledge of the fundamental principles of medicine. This is no easy task, and none have been able to please all.

VALUATION OF QUESTIONS AND GRADING OF ANSWERS.—This is a matter of judgment resting with the examiner. College professors, whose life work is to teach medicine, differ as to the standard to be required for graduation. Yet after four years' contact with a student, the faculty are far more competent to pass on the fitness of an applicant than are the members of a Medical Examining Board who judge his proficiency entirely by answers to a few questions. We think the idea, advanced by some, that the colleges simply teach, and the Medical Examining Boards grant diplomas, is unwise.



Doctors who after qualifying and practicing ten or fifteen years in one State move to another State are at a great disadvantage. He does little practice who keeps in the vanguard in every branch of medicine. It is impossible for him to remember accurately many questions in the primary branches. As an illustration we will cite an incident in the last examination held by the State Board of Medical Examiners of Louisiana. A negress, who had been questioned regarding the umbilical cord, recited perfectly the fetal circulation. A graduate of the College of Physicians and Surgeons of New York of twenty years ago, who had been constantly employed in a lucrative practice when not taking a post-graduate course, was asked the same question and answered: "I confess I do not remember. Only the foramen ovale, an orifice in septum between auricles, which should close after birth, child should be placed on right side to encourage its closure. I acknowledge the corn and plead for mercy."

Does any one think the parrot-like though correct answer of the first should entitle her to the confidence of the public rather than the second whose conscientious life-work has brought him success and happiness to many homes?

A member of the medical profession, who has been declared competent by an Examining Board, should be allowed to locate anywhere in the United States. The certificate of one Board should be as good as that of another. The State laws do not expect the examiners to serve as a trust in the dispensation of the emoluments and honors of the profession. Nor is the financial compensation to the members of the Board commensurate with the task of discriminating between competent and incompetent practitioners. It is an honorable though sometimes a painful duty. It is the honor attached to the delicate work that makes each member cheerfully do his best for the State and for the profession. The day has come when it is a privilege the world recognizes to be a qualified American physician, and every State has physicians competent to judge the qualifications of their professional brothers. Life is as precious in Utah as in New York, and the citizens of the rural districts of the former State have as much need and as much right to a good surgeon and physician as a resident in any metropolis.

In the reciprocity between States New Jersey leads. In

1897-98 the following law was enacted: "Applicants examined and licensed by State Medical Examining Boards of other States, upon payment of \$50 to the treasury of the Board and filing copy of license with affidavit of President and Secretary of such Board, whose standard of requirements are the same as required by New Jersey Board, may be granted a license without further examination."

A national law regulating the candidates for the practice of medicine has been advocated and appears to be the solution of the question from a medical standpoint, but there is a legal objection which is insurmountable without a change in the Constitution of the United States; there is not a question more jealously guarded in the sisterhood of States than that of State *rights*, and an abrogation of existing laws would be required to a degree that renders it out of the question.

Just irritation at the present method is felt by the profession, and suggestions of reform is what we respectfully submit in this paper.

It is for the public good that physicians submit to the ordeal of being examined by their peers, and condemned or endorsed according to the value the answers to a very few questions. When they have received a license we think it should, like his diploma, be recognized and accepted by all the States where the standard is similar.

The method we would earnestly recommend has already been suggested, and consists in *interstate* reciprocity. Let there be a congress of representatives of State Medical Examining Boards of all the States that agree upon a *common* standard of requirements and examinations, and reciprocal registration be accepted by each State that will enforce the uniform standard. The united action of the State Examining Boards could establish the requirements and fix the standard, and all colleges would be compelled to conform to them. Some colleges will do this cheerfully, others reluctantly. We would suggest: (1) Certificate of academic education be required before matriculation. (2) The candidate must have studied medicine at least four years at colleges that are known, after investigation by said congress, to be qualified to properly teach each branch, and must have received therefrom the degree of Doctor of Medicine. (3) The candidate must have passed an examination before the Board of

Medical Examiners of one of the States of this confederacy, whose grade, uniformity and kind of examination will be as nearly similar as possible. (4) Candidates whose licenses have been endorsed, who have located and registered their certificate may, at any time, move into any other of the confederate States and practice their profession by paying fifty dollars (\$50) to the Medical Board of Examiners of said State and presentation of diplomas and State licenses *without* standing examinations. (5) Certificate of moral character from not less than two physicians in good standing, one of whom must be a resident of the State in which it is decided to locate. The value of Boards of Medical Examiners has been demonstrated. The movement will progress until every State, in self-defense, must adopt the examination system or be the "dumping ground" for incompetent practitioners.

On the other hand, by adopting the above suggestions, we in no way limit the jurisdiction and usefulness of Examining Boards, but show a fair and just consideration for a class of worthy public benefactors.

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#### POST PARTUM HEMORRHAGES.\*

By DR. R. A. GRAY, Shreveport, La.

After some reflection I have concluded to propose for discussion this evening:—*Post Partum Hemorrhage occurring from the Placental surface and exclusive of that resulting from laceration of Cervix and Vulva.*

My apology for the selection (if an apology be necessary) is to be found in its great importance, occurring as it does suddenly, without a moment's warning, and the great obligation it imposes upon every practitioner to keep constantly in line with the most approved methods for averting such calamity and for controlling it when it does appear.

What more pathetic scene could be pictured than that of a lying-in chamber, where, after hours of suffering on the part of the woman and watchful solicitude on the part of friends, delivery has been accomplished and joyous congratulations are being extended, when suddenly the mother's face is seen to blanch, a

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\* Read before the Louisiana State Medical Society, Shreveport, June, 1902.



deep sigh is heard, the pulse leaves the wrist and life quivers for a moment on the lip, then takes its flight, leaving a paralyzed group, a distracted father and a motherless babe.

Any practitioner, no matter how many cases of labor he may have conducted to a happy termination, is liable sooner or later to witness such a scene.

One of the most important steps, therefore, is to supply one's self at the very beginning with the requisites for combatting hemorrhage.

In the obstetric case there should be found, in addition to the usual instruments and antiseptics, a vial of fluid extract ergot, one of sulphuric ether, one of brandy, tablets of strychnia and of atropin, and a good syringe.

Ice should be conveniently at hand, not forgetting a kettle of hot water.

It would certainly be a comfort to the physician to feel that he may not be caught in the position of a soldier, who suddenly finds himself in the thick of the fight minus his bayonet and cartridge box.

The line of treatment for these hemorrhages is well marked out by nature herself, as is manifested by the continued contractions and retraction of the uterus after the expulsion of the ovum. It is only when her methods are interfered with or retarded by whatever cause, that profuse hemorrhages occur; and hence the importance of alertness and promptness to assist nature when her powers flag.

The late Dr. Lusk in his excellent work on Obstetrics, says that:

"The most important factor in the arrest of hemorrhages unquestionably consists in acting promptly upon the first signal of danger."

Would it not be well to go a step farther and endeavor to anticipate the first signal of danger?

Having this idea in view, it has been my habit, after handing the child over to the nurse, to sit by the woman's side with my hand upon the uterine tumor to determine whether contraction be sufficient; for the tired uterus, after its last supreme effort, is liable to take too long a breathing spell, so to speak, and to relax to such a degree that the placenta, being already partially detached, alarming hemorrhage may occur.

If the tumor is found to be too large and too flabby, gentle kneading is resorted to for the purpose of stimulating the organ into a renewal of its effort.

After fifteen or twenty minutes have elapsed, during which time as a rule the placenta has been forced down into the lower segment by the expulsive efforts of the organ alone, Crédé's method of expression, now so universally adopted, is resorted to, and as the placental mass emerges from the vulva it is turned several times upon itself, so as to twist the membranes into a cord, and slowly removed.

Now comes the time when watchfulness and alertness may prove of inestimable value!

My habit is to direct the nurse to place the vessel containing the placenta in a safe place for later inspection, hurriedly cleanse my hands, and with as little delay as possible, seat myself again by the woman's side to renew the watching and from time to time sufficient kneading, to provoke good contractions.

Thirty to forty minutes can thus be well spent and will be rewarded as a rule by satisfactory results; as should the uterus maintain or be coaxed into maintaining good contractions for this length of time, the retraction will also be sufficient, and the woman can be left for nature to continue the work.

Should, however, such a condition of atony exist as that the uterus fails to respond to the kneading, a hypodermic of fluid extract of ergot and the sudden application of cold, such as slapping with a cloth taken from a bowl of cold water, or the application of ice itself, often has the desired effect.

But I would again emphasize the importance of alertness and promptness in employing these measures so as not to allow the hemorrhage to get the start and to fill the cavity.

Should the above measures fail and the symptoms become alarming, the patient's head should be lowered and the hand passed into the uterine cavity for the purpose of removing any clots that may have formed or bits of adherent placenta and of stimulating the uterus to contract.

On a few occasions I have carried a piece of ice, held in the palm of the hand, into the cavity and gently touched the walls, with the result of securing prompt contraction.

The object being accomplished, the hand should be slowly

withdrawn, while at the same time, and throughout the entire proceeding, firm pressure and kneading is applied to the tumor through the abdominal walls. And just here there is a manœuvre recommended by Dr. Lusk, which seems so apropos that it is best to give it in the Doctor's own words. He says:

"So soon as the uterus has been emptied of everything capable of preventing contraction and retraction from taking place, withdraw the hand into the vagina, and, with the index and middle fingers in the posterior cul-de-sac, press the cervix forward towards the body of the uterus.

"With the external hand grasp the uterus through the abdominal walls, compress it firmly and push it downward toward the pelvis and forward against the pubic bone.

"By this manœuvre the cervix is closed, the uterine walls are brought into contact with one another and contractions are stimulated by the direct irritation of the large cervical ganglion and by the kneading of the fundus."

This manœuvre seems an admirable one, though I have never employed it.

Should the above measures fail to arrest the hemorrhage, I would strongly recommend the injection of hot sterilized water; a gallon or more thrown slowly into the uterine cavity with a Davidson or Fountain syringe.

The powerful, stimulating effect of the hot water upon the uterine muscle is made manifest, as a rule, by instant contraction.

It should never be so hot as to paralyze the uterus and yet hot enough to have the desired stimulating effect; a temperature, say, of 115 to 120 degrees F.

It would be a rare instance indeed for all of these measures to fail when properly resorted to.

In extreme cases of atony, where life seems hanging by a thread, I depend upon hypodermic injections of strychnia, atropin, sul. ether and brandy; keeping the lower extremities on an elevated plane and the head down.

I could not be tempted by the most alarming symptoms to employ any of the mineral astringents; the woman would be in a far more critical condition after their use, having to run the gauntlet of decomposing clots, of thrombi and of septicemia.

One such case witnessed during the early years of my pro-



fessional life, in which a solution of perchloride of iron was used, afforded convincing evidence of its baneful effect.

The same objection applies to the milder astringents, such as tannic acid, alum, acetic acid.

Some have spoken in high praise of carrying into the cavity a piece of cloth or gauze previously saturated in vinegar and squeezing out the acid so that it may be diffused over the mucous surface, but it seems most likely that the benefit derived is due more to the stimulus of the hand in utero and the sudden application of the cool fluid in prompting contraction, than to the astringent effect of the agent employed.

Tamponing the uterus is open to the same objections that apply to the use of astringents, as after the removal of the tampon, life would still be menaced by decomposing clots.

Nor does it seem rational to place a barrier in the way of retraction upon which the woman's safety depends.

It is not within the scope of this short paper to discuss the many prophylactic measures that may have a bearing upon post partum hemorrhages, as they are mostly comprised in the proper conduct of a case of labor. Unfortunately, in private practice, we cannot always exercise full control—called unexpectedly to a case, we often find the woman harnessed down to work, with knees drawn up and pulley in hand; the old midwife, asserting that the pains are not good, is exhorting the woman to do her best.

On examination we find the os undilated, the head out of reach, the pains erratic and inefficient. Our count shows labor not due for a week or ten days; we recognize the pains as precursory, due to the descent of the head into the pelvis. We stop the woman's efforts; give a hypodermic injection of morphin. The next day she is up and will probably go to full term.

On another occasion matters have gone farther; the head is in easy reach, the os partly dilated, the pains have been good, but are growing weaker, the woman's strength is beginning to fail. How absurd would be the thought of giving ergot; it would be like applying the lash to a tired steed.

A few hour's rest under the influence of an opiate and the os softens and relaxes; tired nature's energies are restored and labor proceeds to a satisfactory termination.

I have long since abandoned the habit of giving ergot to

increase the force of the pains during labor and only resort to it when necessary to control hemorrhage or to promote contractions and retraction *after the expulsion of the placenta*. The untimely use of this drug I believe to be the cause of more hour-glass contractions and so-called adherent placenta than result from all other causes combined.

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### CARE OF CHILDREN'S TEETH.\*

By A. G. FRIEDRICHS, M. D., Professor of Dental and Oral Surgery in the New Orleans Polyclinic, New Orleans.

The frequent display of ignorance by the medical profession regarding this subject has prompted me to collect a few facts and endeavor to impress upon the medical profession the necessity of considering the importance of the deciduous teeth and the conspicuous role they play in the development and preservation of the growing organism.

The permanent teeth do sometimes elicit the attention of the medical man, but the deciduous teeth never do; and why is it? To insinuate that it is a subject of no importance to us would hardly be tenable; to suppose that their importance is not recognized is less so; to assert that they play no part in the economy is even less, and to call my confrères ignorant would not be justifiable. Nevertheless the fact stares us in the face that these teeth rarely receive any attention; and the only palpable solution is simply that this is due to criminal neglect in some, and what is worse, to an unwarrantable ignorance in others, who, I am sorry to confess, comprise the majority.

Dentition is a period so fraught with danger that seven per cent. of deaths are ascribed to teething. We can fully appreciate this when we consider how much the spinal predominates over the cerebral system at this epoch, when the slightest irritation can produce the most fatal results; for that which might cause a shudder in a man would probably throw a child into convulsions. The symptoms of dental irritation may be, and frequently are, confounded with those of congestion and inflammation of the brain; and full well we know what would probably be the result of a failure to make a correct diagnosis.

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The preservation of the deciduous teeth is of more vital importance than that of their successors, for any inflammatory condition that may arise from a neglect of the deciduous teeth will leave a trace upon their permanent successors. A temporary tooth is attacked by caries; nothing is done to prevent an inroad of the disease, and the dental pulp is exposed. Then follows a long train of nervous disorders, convulsions, transient paralysis, insomnia, marasmus and digestive disorders, at times absolutely interfering with and retarding the physical development of the child.

Mastication being an impossibility, large boluses of food are swallowed in such a condition that the stomach is able to digest but very slowly, and before the first mass of food is properly prepared for the elementary tract more food in a similar condition is sent to the stomach, forcing the other undigested mass into the alimentary canal where it undergoes putrefactive and fermentative changes, and forms all manner of irritating substances which set up an inflammation in the intestinal canal throughout its entire length and expose the child to invasion by any or all of the pathologic bacteria that may be present in the canal. The constant strain produced upon the vital forces of the child will reduce its physical condition to such a low ebb as to make it a prey to all kinds of disease. This is beautifully illustrated in the vegetable kingdom; if you observe a tree or plant that is not in full vigor of health you will find it the prey of all the known and unknown insects; while the tree next to it is in full health, with its bark clean and free from attack. Strange to relate, some medical men often express surprise and wonder that a certain patient should be a subject of these intestinal attacks, apparently ignorant of the fact that the cause of all the trouble is in the mouth and an examination would solve the mystery.

Take two children in the same family, one with a perfect denture, the other with a mouth full of diseased teeth; the one a healthy and vigorous child, the other eternally sick, suffering with nervous and intestinal disorders, emaciated and pale; the one showing a development in proportion to age, the other much smaller yet probably several years the older of the two. The same frail child, with the causes removed, will show almost immediate improvement in health and its development will surprise



you. A number of such cases have come under my observation and have made such an indelible impression upon me, that I almost feel that the neglect which will allow a condition like this to exist is criminal. Still these conditions are allowed to go on from day to day, and the medical man seems to be sublimely indifferent to the condition until he is called in to treat a severe attack of nervous or digestive disease; all of which could have been avoided had he only heeded warnings which were only too apparent. I will cast the mantle of charity around him and call his neglect indifference, not charge him with ignorance, but his failure may have fatal consequence.

All the lesions I have recited above could follow the simple exposure of the dental pulp. How much more aggravated and serious will the case of the little patient become when inflammation is set up around the roots, extending to the jaw, resulting in alveolar abscess (I have frequently seen the little mouth filled with pus), subjecting the child to all kinds of infectious disease. The gravity of the case needs but to call your attention to it for you to realize the danger to the life and health of the little sufferer.

The teeth, unlike other tissues of the human organism, have no power of recuperation; whenever there is any illness in the mother or child of sufficient gravity to occasion an arrest of development, it will leave its indelible stamp upon the growing teeth. When they are irrupted these defects in structure make them an easy prey to caries. It is impossible to call attention to all the lesions that can and do result from the neglect of the deciduous teeth, in the time allotted to me, but I feel certain that it is sufficient to arouse the physician to the necessity of regarding the agency of these organs, when diseased, in the production and continuance of disease. It is nevertheless strange that physicians have paid so little attention to so important a subject. They seem to be imbued with the idea that the deciduous teeth are of no value, and in consequence thereof deserve no attention; satisfied with the narrow-minded view that should they be lost, they will be replaced by the permanent set.

Deplorable it is that such an idea should have ingrafted itself upon humanity. These teeth are certainly intended to perform important office, and every effort should be used to retain them in the mouth in a healthy condition until their successors are

ready to be irrupted. Besides their value in the mastication of food, they assist in the development of the jaws and under favorable condition they ought not to decay at all. They should drop out as white and clean, when they have fulfilled their mission, as they were when first irrupted. An early loss interferes materially both with the development and irruption of the permanent set, causing an untold amount of suffering, and finally resulting in an irregular and crowded denture, which completely mars the comeliness of the face.

The family physician should say to the mother: "The perfect development of your child and that stamina which must sustain it through life begins with you. You bequeath to your child its vigor of constitution, its manly form, and even the perfection of those ornaments of the mouth which commence that function of digestion on which the assimilating powers of the system depend. Upon your mode of life in a great measure depends whether you shall transmit unimpaired these inestimable benefits to your offspring or not." It should be the duty of the medical man to co-operate with the mother, bearing in mind to administer only such foods or medicines as contain the proper elements to nourish the dental papillae while in utero. Under such a treatment the dental arch, teeth, and in fact, all the osseous structures of the human frame, will be better developed. The teeth, though they may not yet be visible, must not be deprived of the required nutrition; and perfect teeth are most likely to be possessed by a healthy child.

Before entering on this subject further, let us for a moment take a broader and more comprehensive view of what must be most interesting to mothers and of great consequence to the infant generation, in a short time, in a very few years to become in their turn the mothers and fathers of another generation. What is the nourishment or food best adapted and necessary to the wants of an infant, that the foundation may be laid for a strong frame and a vigorous constitution? For here we must recollect is the starting point in by far the majority of instances. We know that in some cases disease is hereditary; that the offspring unfortunately inherits from the parent constitutional defects; but we also know that more misery, suffering and constitutional derangements are entailed on children by want of care and improper food in the first years of life, by

which their hopes of health are blasted and they are doomed to struggle through a weary life, to be hurried at last into a premature grave. Now that the frame, muscles, bone and other portions of the infant may be fully developed, it is necessary that it should be supplied with nourishment containing all the constituents required for this important undertaking, and this nourishment by the all-wise ordering of Providence is contained in the milk secreted from the mother's bosom. The infant is entirely dependent on the nourishment derived from its mother and nature has very wisely ordained that the secretion from the mother is its very best food. For we find in the composition of milk (that is, healthy milk derived from healthy blood) all those ingredients which are requisite for the formation of bones and teeth, and not only these, but every constituent required for the life and growth of the individual. Milk contains the albuminous, saccharine, oleagenous, saline and earthy compounds requisite and necessary for the health, strength and development of the child. Thus it will be seen that nature provides the simplest and very best food for the growing infant, and it therefore follows that any mother endowed with a vigorous constitution and capable of furnishing the child with its proper nourishment who, whether from motives of vanity, a desire to follow in the giddy maze of fashion or frivolty, or because it is more comfortable to commit their tender charge and responsibility to nurses and hirelings, fails to fulfill her obligations in this regard, is guilty of a most unpardonable, and may I not say, a most unnatural neglect—a neglect which has prematurely hurried thousands of the young and beautiful to the tomb ere yet the bud has expanded into the fully developed flower. Such language is perhaps severe, but who dares say it is not merited. Of course there are many mothers so delicate and fragile as to be unable to fulfill this important duty without serious injury or fatal consequences to themselves. To these, my remarks do not apply, but I will say to them "you must provide the best substitute for their nourishment. What that substitute should be, you ought not of your own judgment to decide, but should consult the family physician, who is best qualified to advise you in this particular."

The family physician should tell the mother that the infant's mouth should be kept clean. The new born infant should have



its mouth washed after each feeding, and a soft cloth wet with boracic acid should be used for this purpose. If this is done you would rarely find a case of infantile sore mouth. After the teeth irrupt, a small soft brush should be used; the teeth and mouth should be thoroughly cleansed at least twice daily. Remember that your energies should be directed to the prevention of disease, therefore it is the duty—where the little patients cannot be sent to a specialist—of the family physician at regular intervals to make an examination of the teeth of the little ones in his charge, once every six months, not wait until some lesion drives the mother to consult him. Insist upon this, and impress its importance upon the patient. Tell them how much suffering and injury to the little ones can be avoided by such a course. By pursuing such a plan you will be able to observe the first inroads of disease upon the teeth and these little points of decay can be stopped; the most important point is to get them early. Now when you have caries attacking the upper or lower six front teeth you generally have the cavities formed between the teeth; this can be stopped by simply taking the blade of your penknife and making a V-shaped opening between the teeth. This can easily be accomplished by severing the enamel from the cutting edge of the tooth to the cavity. When you find cavities forming in the molars you can correct if not stop further inroads of caries by putting a crystal of nitrate of silver in them. Protecting the mouth with absorbent cotton, drop a crystal in the cavity, having the crystals small enough to go into the cavity easily. Keep on applying until you get the cavity thoroughly black, and apply more if you find that there is a disposition for the cavity to enlarge. This treatment carefully carried out will save the teeth. The application of nitrate of silver will apply to any and all cavities on any part of the teeth. The lesions that follow in the train of a diseased condition of these organs will be avoided.

When you fail to arrest decay, the irritation set up causes a destruction of the pulp; this inflammation extends and then you will have a dental abscess, occasionally and frequently involving the maxilla. Let me warn you not to trifle with this condition and treat the lesion slightly, but adopt operative procedure at once and extract the tooth if the lesion does not abate at once. These remarks refer particularly to the deciduous lower molars.

On examining the mouth should you find a mass of pus penetrated roots, do not hesitate to remove them, for you can rest assured they will be a fine source of infection.

Another matter which is very important is proper feeding; no infant should be given food which requires mastication until the organ is sufficiently developed to masticate the food. You all have heard of infants whose mother will boast "my child eats everything." To be candid with you, whenever you find an infant so precocious you might look forward to a funeral in that particular family, and I must say that I have rarely been mistaken in my prognosis. Then mothers have a way of giving infants all kinds of things from a bag of rags to an old bone to cut the teeth on. I would suggest that we be a little more select in the choice and be sure the agent we use for this purpose is not harmful. When children are suffering with any illness do not forget that the condition favoring caries is most active, and you look after the teeth, by brushing, if the child is old enough, or by the use of a linen cloth to keep the teeth clean. Use an antiseptic mouth wash; you will find that convalescence will be retarded if the masticatory apparatus is out of order or defective.

I feel that my abilities are inadequate to treat this subject in the manner that it deserves; but I hope that I have impressed the physician with the necessity for his co-operation in educating parents, and the importance of interesting himself in the care of the children's teeth. To the family physician the care of these teeth is intrusted and the specialist is not consulted until it is too late and he is helpless to give relief.

The neglect of these teeth, and the consequent suffering and injury to these little children, is a reproach to all those who fail to see or who disregard their obligations in this particular. It is the duty of every humane man to do all in his power to induce parents to understand the importance of giving such attention to the deciduous teeth as will avert and prevent the occurrence to which I have just referred. Any medical man who fails in this regard, forfeits his right to respectful consideration in his calling.

## THE SURGERY OF THE CHILD.\*

By JOHN F. OECHSNER, M. D., Lecturer and Clinical Assistant to the Chair of General and Operative Surgery, in the New Orleans Polyclinic, New Orleans.

Lest it might be assumed that we are encroaching too much upon the domain of the section on surgery, in the selection of this subject for discussion, let us hasten to explain our object in diverging so radically from the course adopted by our predecessors. Very naturally, the selection of some subject strictly medical and always pregnant with interest and importance, would be anticipated. It was, therefore, with some trepidation and only after careful consideration, that we determined not to follow the beaten path, but to adopt a course, if not original, still somewhat novel.

The idea was first suggested by the perusal, last year, of an article "On the Advancement of Surgical Pediatrics," the chairman's address, delivered before the section on Diseases of Children, at the fifty-second annual meeting of the American Medical Association, at St. Paul, Minn., June 4-7, 1901, by Dr. Samuel W. Kelley, of Cleveland, Ohio.

The author, in an excellent paper, follows the progress of the literature on this particular subject of the surgery of the child, and, while acknowledging that a strong tendency or inclination exists toward treating this particular subject as a separate or special branch of medicine, the subject has not yet been given that special attention which its importance demands. In this age of specialism in medicine is it not meet that a subject so important as that of the surgery of the child, with its many particular and peculiar conditions, should be given a place more prominent than that which it now occupies?

At first blush it might appear that justice is being done this branch, but a conscientious perusal of medical and surgical literature will disprove this. Anyone in search of information in this particular field will find it necessary to consult works on general surgery, on diseases of children, on obstetrics, etc. I will refer to such works on diseases of children as the American Text Book, Holt, and others, wherein not only subjects on surgery, such as syphilis, phimosis, etc., but diseases of the eye

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\* Read, by title, at the meeting of the Louisiana State Medical Society, Shreveport, June, 1902.



and ear are discussed. I would not for a moment detract from the importance of a reference, or rather discussion, of these subjects, in works on general surgery or medicine, but I do maintain that the subject is all-important and demands more than a smattering knowledge, acquired by a prolonged and indiscriminate thumbing of miscellaneous medical literature.

While the subject of general pediatrics has been honored with a separate chair in many colleges and its importance thus acknowledged, few, if any, colleges teach surgical pediatrics as a separate branch. How many of us have left our medical colleges with but a superficial knowledge of the particular surgery of the child, gleaned collectively from our professors of surgery, of obstetrics and of practice? How many have left with the immense fund of information, partially erroneous, that children bear chloroform well?

Does the surgery of the child possess any features peculiar to itself? Yes, many. It is not the purpose of this paper to discuss in detail the manifold conditions peculiar to the child, or which present symptoms or call for treatment somewhat different to similar conditions in the adult; for such a discussion would be interminable. It will suffice to call to mind several very obvious differences. First, as to pathological states. All congenital deformities which, for the most part, are repaired in infancy and childhood, and are, therefore, not so frequently encountered in adults. Under this head we will class hare-lip and cleft palate, spina beifida, imperforate anus, certain congenital herniæ, umbilical herniæ, etc. Orthopedic conditions are met with mostly in children, and here for one moment let us digress to emphatically condemn the habit of postponing the immediate institution of measures calculated to remedy that not infrequent condition, talipes.

I regret that time and space will not permit of more than a passing mention of those two important underlying foundations of many surgical conditions in children, syphilis and tuberculosis, but I cannot too strongly impress their importance and the diligence necessary on the part of the doctor in determining their presence. Rickets is a most important factor in the principles of surgical pediatrics. Fractures, particularly of the long bones, form a theme pregnant with interest. Epiphyseal separations at this age are most common and from the cartilagi-

nous condition of the epiphyses the X-ray does not prove as valuable an ally in the determination of the fracture as later in life. Those of experience can readily recall the greater frequency of certain fractures in children. And thus we might proceed *ad infinitum*.

As in medicine, so in surgery, the physiology of the child is of peculiar interest and a thorough knowledge of the subject becomes necessary in the determination of therapeutic measures instituted for the relief of certain conditions. Thus, in surgery, it becomes necessary to determine whether or not an operation should be done, and when it should be done. In the determination of this point, many factors must be taken into consideration. Often, Nature, with little assistance on our part, will remedy a small defect. This is well illustrated in the closure of many hernial rings. I have seen many such cases, particularly of umbilical herniæ and some inguinal herniæ, get well in short order upon the application of a suitable home-made pressure pad. Obviously, operations in such cases would be folly. The institution of measures immediately after birth in club-foot deformities, I have previously mentioned. Were a systematic manipulative method diligently carried out in all these cases, there would be a limited field indeed for the Phelps' operation for club-foot. Much remains to be done to put upon a safe and solid footing the various plastic operations for cleft palate.

The age of the child is an important factor in the determination of an operation. Bryant, in his admirable work on operative surgery, Vol. 1, speaking on the influence of age on operative work, says: "As between youth and old age, operations are better borne by the former class; the most favorable period is between 5 and 15 years, the next between 15 and 30 years; after the latter period, the risk to life is nearly twice as great as during it." It will thus be seen that childhood is a favorable time for operative work, but I fear the general profession has been too much impressed with the apparent lack of danger from anesthesia or shock at this particular time, as much caution in the administration of an anesthetic is required in the case of a child as in that of an adult. In infants, we must be extremely cautious. It has been my experience that the most judicious use of the anesthetic must here be practiced. Small quantities of chloro-

form usually suffice. I have seen cases where one-half drachm, administered by the drop method, on an Esmarch inhaler, was sufficient for an operation of fifteen or twenty minutes' duration. Again, where, inadvertently, a little too much of the anesthetic had been given, preceding the operation, a most embarrassing sighing respiration supervened, with symptoms of threatened collapse. Spinal analgesia, I think, is inapplicable in the surgery of the child. In the majority of cases, it is difficult to practice local anesthesia, on account of the psychologic effect of any cutting operation.

Hemorrhage is probably a more potent factor in the production of shock in the child than in the adult. Whether in all cases this is due to the quantity of blood lost, or to some disturbing element in the circulatory equilibrium, is a question. In this connection, I recall three cases of nevus, in which, at the time of excision of the mass, though little blood had been lost, collapse supervened and considerable effort at resuscitation became necessary; extreme pallor and irregular sighing respiration occurred. I think the influence of the anesthetic in these cases could be eliminated, because after my first experience I made it a matter of close observation in my second and third cases; my anesthetist was a man of unquestioned skill and ability and was also interested in the subsequent observations. Among many other cases, I would mention two, one a case of railroad injury of the scalp, in which suppurating flaps were curetted a week or more after the infliction of the injury, and in which the primary shock took no part; the other, that of an exploration of the pleural cavity by Dr. Parham. In both these cases, the shock was most pronounced and out of all proportion to the severity of the operation. In the latter case, the shock lasted several days and was marked with convulsions. In no other condition is the remarkable recuperative power of the child more apparent than after operation.

In conclusion, let me mention two conditions met with in children, the early recognition of which is of paramount importance: Pott's disease and hip-joint disease. It has been our custom to give the benefit of the doubt to every case of suspicion and treat accordingly. And in this connection, prophylaxis has one of its best fields of usefulness. With the ever-present tubercle bacillus ready to pounce upon any vulner-



able point, we can readily appreciate how very important it is to prevent, as much as possible, the infliction of any traumatism. Too often, parents are disposed to boast the number of falls which the baby has sustained and from which he has emerged apparently unscathed. It behooves us, as medical men, and the moulders of the medical opinions of our respective communities, to discountenance such indifference and negligence and by well-directed effort, do our part in the production of a set of physically perfect men and women.

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## Clinical Reports.

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### SUSPENSION OF THE UTERUS ON THE ROUND LIGAMENTS.

C. JEFF. MILLER, M. D., Lecturer and Chief of Clinic to the Chair of Gynecology and Obstetrics in the New Orleans Polyclinic, New Orleans.

In the *Centralblatt für Chirurgie*, August, 1897, and again in the *American Journal of Obstetrics*, September, 1900, Dr. Carl Beck describes the technic of an operation which he had been performing for four years, for backward and downward displacements of the uterus. The operation simply consisted in opening the abdomen in the linea, seizing the fundus of the uterus by traction forceps, and pulling it outside of the abdominal cavity. The round ligament of one side is selected and freed to the extent of nearly three inches, the isolation beginning near its uterine attachment. The peritoneum is then stripped away bluntly, by making incisions along both sides of the ligament and passing a grooved director. An aneurism needle is then passed under the bared ligament and it is drawn up until it is possible to unite the peritoneum of the margins of the abdominal incision underneath.

Catgut is used for this purpose, six or seven sutures being necessary. The ligament is then riding on the peritoneum. If for any reason the peritoneal anchorage is not considered secure, some fascia and muscle can also be carried underneath and united. The abdominal incision can then be closed in the usual way, although Beck preferred to introduce two relaxation sutures

through the skin, three-quarters of an inch distant from the wound margin, so that there would be no direct contact with the wound line. Soon after reading the description of this operation, the writer, believing the method possessed special advantages in cases when the abdomen had to be opened, applied the technic in six cases. The first operation was performed September 26, 1900, the last about six months ago. The after effects have been entirely satisfactory. In every instance the uterus has been retained where placed, and in two cases the conditions were a severe test of the operation.

The first case was of more than passing interest. The operation was done in combination with colporrhaphy for the relief of complete prolapse of the uterus, occurring in a colored girl eighteen years of age, who had never been married nor pregnant. While lifting a heavy wardrobe when sixteen years old (two years before applying for treatment) she felt something give way and a few minutes later discovered the tumor presenting outside of the vulva. When examined the prolapse was found to be unusually pronounced. The vaginal walls were prolapsed, the ovaries were even outside of the vulva and a diverticulum, composed of fully one-half of the bladder, bulged from under the pelvis. She was of short, thick stature and had a wide shallow pelvis. A colpo-perineorrhaphy was done on the posterior wall as the parts were very much relaxed, and two weeks later the abdomen was opened and the above suspensory method performed. Her recovery was uneventful. She has been seen at intervals since and has had no cause to complain. In this case both round ligaments were drawn into the incision and anchored. Beck states that for prolapsus uteri the suspension on one ligament is often sufficient, the fibrous tissue of the ligament being of immense strength. It is true that a lateral position of the uterus cannot be avoided by unilateral suspension, but in practice this proves to be harmless. In retroversion he prefers and considers it necessary to fix both ligaments.

The other case of interest (of more recent date) was suspension on one ligament after myomectomy. Four subperitoneal fibroids, the largest the size of an orange, were enucleated, the openings closed with catgut, and the enlarged uterus suspended as in the above case. The effect was equally as satisfactory. The other four operations were performed in instances of dis-

placement and prolapse after removing diseased ovaries in two cases, and breaking up adhesions in the cul-de-sac in the other

I feel justified in saying with Dr. Beck that the only disadvantage of the operation is the fact that it requires the opening of the peritoneum. This does not mean what it once did, however, and some other objections are also overruled when search is being made for pelvic pain which cannot be attributed entirely to a displacement. In these long standing cases, when the history is not clear as to inflammatory attacks in the past, the operator is seldom sorry for having inspected the internal organs. Numerous ribbon-like bands of adhesions connecting different structures or parts of organs cannot be detached by vaginal examinations, and are too often responsible for the failure to obtain relief promised by operations which do not permit visual inspection. The method undoubtedly suspends the uterus, leaving it free and movable and not displaced laterally as much as would be expected when swung on one ligament. It permits of such free motion that the functions of the surrounding organs are not disturbed and it also stands to reason that pregnancy would proceed without complications.

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CASE I.—CHRONIC TRAUMATIC ULCER OF LEG, OF 25 YEARS  
STANDING; SKIN GRAFTING (THIERSCH);  
MEDULLARY NARCOSIS.\*

By BURDETT ATKINSON TERRETT, M. D., Natchitoches, La.

PRELIMINARY OBSERVATION.

ANAMNESIS.—John T., colored, *aet.* 73, native of Louisiana, farmer, married forty years, has two living and healthy children. Has always been vigorous and active, and, apart from the present trouble, has enjoyed excellent health. Has always been abstemious, seldom indulging in alcoholics, and has led a quiet and even life. Denies ever having had any genito-urinary ailment. The present condition, he contends, is a sequel to a severe blow he received on the left leg in 1877. Some days after a large and painful swelling occurred, which later formed "an open and running sore," which, despite all remedial measures, refused to heal. The condition persisted during the

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\* Read before the Louisiana State Medical Society, Shreveport Meeting, June, 1902.



past fifteen or twenty years, and frequently during this interval he has had pains in the part and in the leg proper. During the past two or three years the condition has seemed to grow progressively worse; there is a larger necrotic area and a more decided tumefaction of the leg. Patient has been severely handicapped. The increasing severity of the symptoms de-



scribed influenced him to seek medical counsel, and in August, 1901, he applied to us for treatment.

**PHYSICAL EXAMINATION.**—Patient is tall, large-boned and rather muscular for his age. Heart and lungs appear normal. Urine normal. The radial arteries reveal an incipient induration and beading, showing arterio-sclerotic changes; arcus senilis is well marked. No signs of syphilis. There is a

noticeable absence of venous turgidity throughout the limbs and body. The left leg, anteriorly, discloses a circular ulcer (see Fig.) nearly a decimeter in diameter, with markedly calloused borders and a red and extremely erethistic base; its flow is hemorrhagic, the least manipulation being followed by oozing. Owing to the chronicity and area of involvement it was decided to offer skin grafting as the only feasible procedure.

OPERATION.—As pre-operative measures, the patient was kept in bed for 4 or 5 days with the leg elevated, to deplete the edematized territory, while salines were administered as an auxiliary; the ulcer was washed daily with  $H_2O_2$ , irrigated with bi-chloride sol. (1-5000) and a wet bi-chloride dressing of the same strength applied. Owing to the age of the patient, to the arterio-sclerotic changes and the fact that the ulcer involved the lower extremity, it was thought practicable to essay spinal analgesia (Corning-Bier Method). The lumbar region was selected as the best route and the usual routine of disinfecting the lower half of the back a couple of days in advance, was rigorously carried out. The employment of four per cent. solution of cocain, as suggested by Martin (NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, February, 1901) was deemed the safest procedure. After identifying the subarachnoid cavity by the withdrawal of half a c.c. of cerebro-spinal fluid at the third lumbar interspace, one-half c.c. of a 4 per cent. sterilized sol. of cocain was introduced. In 15 minutes there was absence of pain in the lower extremities. The needle was withdrawn and a collodion dressing applied over the site of puncture. The patient was next placed in the recumbent position, the eyes blindfolded (Hawley & Taussig) and with a sharp curette all of the necrotic and unhealthy tissue at the base of the ulcer was removed; a modified circumcision (Naussbaum) was next practiced, by removing the indurated edges by a circular incision one centimeter from the borders, the floor of the ulcer was smoothed by shaving away the small projections left by the curette, after which the wound was irrigated with normal saline, all blood was removed (Garré) and oozing obstructed by pressure with a cloth pad. The thigh which had been aseptized for furnishing grafts, was redisinfecting, and washed with normal saline solution. Large shavings of epidermal (Thiersch) tissue were removed and the base of the ulcer covered. A modification of the moist chamber (Mayer) dressing was done, by first taking a piece of aseptic rubber tis.

sue sufficiently large to shield the entire ulcer, in which openings were made to permit the escape of accumulating secretion, when placed over the wound. Two pieces of gauze half decimeter in thickness were next placed above and below the ulcer, almost around the leg, but without completely girdling the limb, so as to prevent constriction, and similarly held in position by adhesive plaster. Between the two rings of gauze and immediately over the rubber tissue several pieces of loose gauze were lightly placed, and over the whole a solid dressing about 2 c. m. in thickness, held taut by adhesive strips.

REMARKS.—The patient stood the operation admirably and was astonished to find the operation completed upon removal of the blindfold. Absence of post-operative phenomena, such as nausea, headache and fever was noticeable. The wound accidentally became infected, but the ulcer finally healed and the patient has since been well. The modified moist chamber dressing has served me exceedingly well in several instances of skin grafting, where the ulcers had existed many years, and I think there are one or two advantages gained in its proper application: (1) By using first a solid piece of rubber tissue with perforations, instead of separate strips, which are more liable to become displaced and dislodge some portion of the graft; (2) by filling in the valleys created by the gauze with loose dressing which creates no pressure and acts as a drain; (3) the diminutive points of adhesion between the overlaying loose gauze and the grafts through the perforations in the rubber will not interfere with the removing of the dressing, and if found to be at all tenacious, can be easily overcome by the application of a 25 per cent. Sol. of  $H_2O_2$ . The gauze roof will be found substantial enough in the majority of instances.

I may mention that the patient's limb was elevated during the after-treatment, and this has been observed with the cases (eight in number) which have come under my care.

GENERAL CONCLUSIONS.—From the foregoing I may review the salient points, to-wit:

(A) A traumatic, hemorrhagic, erethistic ulcer of the anterior surface of the lower one-third of the left leg, extending over a period of twenty-five years.

(B) The successful substitution of the subarachnoid injection of a 4 per cent. solution of cocain for general narcosis with absence of post-operative symptoms, headache, nausea and fever.



(C) The final healing of the ulcer, the satisfactory employment of the modified moist chamber dressing and the apparent advantage of continuous elevation of the limb until the wound is healed.

Fisher's observations (Tillman's Principles of Surgery, page 143) "that those skin grafts become attached the easiest which are taken from and transplanted upon parts which have been previously rendered anemic by the Esmarch bandage" would offer some argument for this mode of continuous elevation; besides, the secretion which so often deluges the part and militates against cohesion of the grafts is materially checked.

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MEDICAL PRACTICE IN FAR CATHAY.—The official course of study in China is supposed to fit a man to be anything from a judge to a general. Most of the physicians take lessons in medicine and pharmacy from experienced physicians and apothecaries. Many devote themselves to specialties, diseases of the large blood vessels, of the small blood vessels, of the skin, of the eyes, of the throat, mouth and teeth, of the bones, of women, fevers and acupuncture. Some medical books are said to be more than four thousand years. The Chinese have no scientific knowledge of anatomy. One of their books places the heart about where the stomach ought to be, and locates the gall in the back of the head. Another book states that the body has three hundred and sixty-five bones, one for each day in the year, that a man has twelve ribs, a woman fourteen, and that a man's skull consists of eight, a woman's of six parts. Another assertion is that there are twenty-two essential and fifty-six less important organs, and that some of the latter are often absent.

The prescriptions often contain twenty ingredients, which, however, are put up separately. Most medicines are exhibited in the form of copious hot drafts and are bitter and exceedingly nauseous. Most of them are of vegetable origin; ginseng is highly prized, entering into almost every prescription.

Then there are remedies of the nature of charms. Tigers' bones and the blood of young stags are supposed to give new life to the aged. Pulverized "dragons' teeth" (probably a sort of petrification) is a specific for toothache, and dried millipedes, scorpions, Spanish flies, and other insects are used in various diseases. Cow dung is a remedy for constipation, gunpowder for oppression in breathing, tadpoles for the itch.—*Literary Digest.*

# N. O. Medical and Surgical Journal

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## Editorial Department.

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CHAS. CHASSAIGNAC, M. D.

ISADORE DYER, M. D.

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### VIRCHOW.

When Virchow attained the age of seventy-five, a great gathering of scientific men, distinguished statesmen and citizens of the world honored the occasion in Berlin.

At the age of eighty-one, still in active mental power, this great man has passed into the Beyond.

Only when time has gathered all the records and all the shades of activity of this one forceful brain can a true estimate be drawn and written.

When Voltaire died, at eighty-three, he had consummated a life filled with activity, fruitful with scientific achievement and colored deeply with the greatest philanthropy.

Virchow, at eighty-one, leaves behind a monument which must grow greater with time itself.

The father of modern pathology, the teacher, master, friend of a host of workers in every part of the globe, he was at all times the simple-minded gentle man. Statesman, inventor, genius—each might be written in his epitaph—but not even then would justice have fulfilled its utmost task.

When the galaxy of lights in medicine shall have been arrayed, and the greater and lesser fall in their deserved places, high among them all must be the name of Virchow placed.

We trace no story of his life, nor stop in critical review; here only must we lay the tribute of sincere regret, of sorrow at the loss which the world of medicine has suffered.

Among the poets, among the artists, among the geniuses in every field of science in the history of the world, with those tablets which simply bear great names let us gently lay one inscribed "*Here Rests Virchow.*"

## EDDYISM AT THE BAR.

Since the beginning of religious sects there have always been those who have been willing to make capital of professed belief, but only in these latter days have we been presented with a so-called religious sect organized originally and mostly for profit.

Some few years ago one of our contemporaries suggested that with enough rope Eddyism in due time would pull taut on a short halter. Spite of the criminal events which have burdened this sect in the attempt to practice medicine; in the face of the sacrifice of one human life after another upon the altar of a fanatic belief, these followers of a false prophet have gone on with the same sort of misdirected zeal which has dictated the emotional and sensational acts of crazed religionists the world over, no matter what the professed belief.

In Boston a mighty marble edifice imposes itself upon a main thoroughfare as emblem of the victimization of a horde of the faithful to Eddyism—yet in Philadelphia the law has blocked the way by a comprehensive exposé of the true motive of the mother of the cult and of the high dignitaries who have been the guiding spirits.

Judge Arnold, of the Common Pleas Court in Philadelphia, has refused a charter to the Christian Science Church on the ground that the court cannot grant a church a charter for a business purpose—based upon the fact that one of the obligations of membership in this enlightened sect consists in the selling and circulating of the Eddy text, failure in the which constitutes a sufficient ground for expulsion from that church.

In presenting a reflection of current opinion on the court's decision, the *Literary Digest* of October 11 reviews the gist of the argument of Judge Arnold, who seems to have thoroughly unmasked the purposes of the cult, "so-called church, an association for profit, organized to enforce the sale of Mrs. Eddy's books by its members, which is a matter of business, and not of religion."

In a supplemental opinion Judge Arnold explains at greater length the reasons for his decision, declaring that he regards Mrs. Eddy's statements on sickness and health as "palpable fallacies" and as likely to exert an influence "pernicious and injurious to the community." He adds:



“When persons who make a business of practising the art of healing with or without medicine are not regular and registered physicians, they violate the law which was intended to prevent the practise of medicine by non-qualified persons.”

That counter opinions should obtain is as natural as is the fact that “some of the people can be fooled all the time” and the construction of modern society presents a conglomerate of all kinds of people, among which there must be found the fool variety.

The medical profession owes Judge Arnold a debt of gratitude for his incidental service to the cause of honest practice, and while he is neither the first nor the only layman to recognize the “fallacies” of Eddyism, his decision must go a long way towards the education of those who have second thoughts.

The history of medicine has most every page blotted with some greater or lesser parasitic venture, like Eddyism, never grafted on it, but a burden nevertheless upon a suffering science. One after another these impositions upon the ignorant by the knave and the charlatan have gone the natural way of morbid out-growths, and Eddyism seems to be reaching the beginning of the end.

The whole world is growing into education, and with an advanced knowledge of things the people must by sheer force of enlightenment graduate from the myths of superstition and flagrant imposition on their credulity, as these are duly and sufficiently ventilated.

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## Abstracts, Extracts and Miscellany.

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### Department of General Surgery.

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In charge of DR. F. W. PARHAM, assisted by DR. F. LARUE, New Orleans.

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A FORCEPS WITH CLAMP ATTACHMENT FOR REMOVAL OF THE APPENDIX.—Rilus Eastman in the *New York Medical Journal* describes a forceps with clamp intended to grasp and hold the

appendix in such a way as, while permitting the easy excision of the organ at its attachment to the cecum, will provide for the protection of the neighboring coils of intestine against infection. The clamp is removable. When attached to the forceps the blades of this clamp spread out for some little distance around and make it easy to avoid emptying fecal matter on to fresh peritoneum. Theoretically, this apparatus is good, but, practically speaking, surgeons will hardly regard it as a necessary, or, indeed, as an advisable addition to the technic of appendectomy. It is cumbersome, to begin with, and further is not needed by the ordinarily skilful surgeon, who applies the method of Dawbarn by pursestring suture. There is so little danger of contamination by fecal escape where ordinary care is observed, that one can easily omit this instrument from his surgical armamentarium. In fact, if the surgeon will grasp the appendix with a very fine bladed forceps, such as one-half of the admirable O'Hara forceps, which we have ourselves used with satisfaction after this manner, it is quite easy to grasp the appendix, cut it off close, put in the Lembert sutures and actually tie them, as recommended by O'Hara in enterorrhaphy, without ever seeing the lumen, at all, of the appendix. Carrying out this technic, there is absolutely no danger of fecal contamination of surrounding organs. The method is easy, rapid and most satisfactory.

ANESTHESIN HYDROCHLORATE AS A SUBSTITUTE FOR COCAIN HYDROCHLORATE.—In an original communication to *Centralblatt für Chirurgie*, No. 38, Rammstedt, of Munster, i\W, again calls attention to this anesthetic salt, basing his conclusions on a series of over 60 cases. Dunbar, in an article entitled "*Beitrag zur lokalen Anaesthesie unter Anwendung des para-Amido-benzoësäure-Esters*," had already directed attention to this salt in *Deutsche Med. Wochenschrift*, Nos. 20-22, 1902. Rammstedt, however, left out the morphin constituent, since Dunbar himself had demonstrated that anesthesia (analgesia) produced by this salt lasted a long time. Rammstedt's working formula is as follows: Anesthesin hydrochloratis 0,25; Sodii chloridi 0,15; Aquæ dest. ad 100.

This is just a little stronger than Schleich's solution No. 1 of cocain. The method of infiltration was mostly

employed, but occasionally the regional plan of Oberst was carried out. Abolition of sensation by the former method was immediate, by the Oberst method was a little longer in development. According to the extent of the operative attack from 1-40 c.c.m., and even more, was injected without in any case any disagreeable result. Headache, dizziness and nausea were never observed. The analgesic effects persisted remarkably long after the operation, sensation becoming first apparent even three, four or five hours afterwards, only in one case severe pain being manifested during an operation four hours later.

Some of the recommendations of this salt are: it is non-poisonous, as shown by Binz and Kobert; it is quite soluble in water and will stand active boiling and keeping without losing its remarkable anesthetic properties. Further, it is said to be extremely cheap, a hundred grams costing only 15 marks, that is, a little over 2 cents a grain, in Germany.

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## Department of Obstetrics and Gynecology.

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In charge of DR. P. MICHINARD, assisted by DR. C. J. MILLER, New Orleans.

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THE ETIOLOGY OF POST-OPERATIVE THROMBO-PHLEBITIS.—Dr. John G. Clark contributes to the University of Pennsylvania *Medical Bulletin* an exceedingly novel and interesting article on this subject. He breaks away from the theories previously advanced and states that after an analysis of forty-one cases the following statement relative to etiology may safely be made: Post-operative femoral thrombo-phlebitis is not of infectious origin; neither is it due to traumatism to the perineal, pelvic (uterine and ovarian), or iliac vessels (common, internal and external), but is the direct continuance of a propagating thrombus arising in the deep epigastric veins, which grows slowly downward until the femoral or iliac vein is reached, and thence gives rise to a mural or partially obstructing femoral-thrombus, with its attendant train of symptoms. Many surgeons have thought that femoral phlebitis was in some way attributable to infection or traumatism of the pelvic tissues. This theory falls



to the ground in the face of the observation that femoral thrombosis practically never occurs even after the most extensive operations upon the perineum, vagina, cervix or rectum. The efferent vessels carrying blood from these points empty into the iliac veins above Poupart's ligament, consequently a thrombus, especially if it originated in the internal iliac vein, would necessarily have to be most extensive, growing upward along the internal iliac, and thence retrogressively downward along the external iliac. In view of the statement that femoral thrombosis practically never follows a pelvic operation unless a celiotomy is made, some factor peculiar to the abdominal incision must be found to explain the complication. Clark believes it lies in the anatomical distribution of the deep, and possibly the superficial epigastric veins which run parallel and lateral to the site of the usual abdominal incision. The superficial epigastrics collect the blood from the skin, fat and superficial fascia, pass downward through the saphenous opening and enter the femoral vein below Poupart's ligament. The deep epigastrics arise above the umbilicus in the recti muscles, pass downward as considerable sized vessels lateral to the linea alba, on the posterior surface of the recti, just above the peritoneum, perforate the fascia about the semilunar fold of Douglas, and thence pass outward along the inner margin of the inner ring, and either continue separately or unite to form a common vein which curves part way around the external iliac vein and enters it either at a right or obtuse angle against the venous current. The greater frequency of thrombosis in the left leg is attributed to the more difficult return flow, in consequence of the greater length of the left common iliac vein and its passage beneath the right common iliac artery.

The following deductions are gathered from the paper: The relatively late occurrence of the symptoms. The earliest day was the eighth after operation, the latest the thirtieth, the most occurred about the fifteenth day. It is a rare sequel; occurring thirty-five times only in over 3000 abdominal sections.

That it is not due to infection is based upon the following notes:

It is seldom if ever preceded or accompanied by a temperature significant of pyemic infection. In many instances the temperature maintains a normal or approximately normal course

and seldom rises above 101 or at the extreme 102 F. Likewise the pulse pursues an approximately normal course. The class of cases usually infected at the time of operation—pyosalpinx, pyo-metria, infected ectopic pregnancy products, pelvic abscess—which should be followed by this sequel, were the theory tenable, show only two cases in the forty-one.

Even in infectious cases, either primary or arising after operation, there is no coincidence between the time of infection and the appearance of the thrombus. If of infectious origin, some of these cases should die, and yet in this list there was not a single fatality. The final conclusions are too extensive for review, covering anatomy and the causes of thrombi in general.

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## Department of General Medicine.

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In charge of DR. M. DUPAQUIER, New Orleans.

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THE USE OF ELECTRICITY IN THE TREATMENT OF HABITUAL CONSTIPATION.—Dr. Sigismund Cohn, of New York, brings forward the claim of electro-therapy in the treatment of habitual constipation, and reports the results of his clinical experiments in this field in a recent article in the *New York Medical Journal*, September 6, 1902. As habitual constipation is an independent disease, due entirely to atony of the muscular coats of the bowels, the chief indication to be met is the restoration of the muscular function of the intestine. Mechano-therapy is generally agreed upon to meet this properly, but massage, gymnastics or hydro-therapy are usually favored, while electricity is comparatively neglected in the treatment of habitual constipation. The currents used are the galvanic, faradic and combined faradic-galvanic, the sinusoidal and the static. Treatment is started with the static, which the author uses either in the form of the wave current or the static induced current, the latter being especially valuable in the obstinate cases. Very powerful currents can be used in this way without causing the patient any pain. Both these currents can be made more powerful by a mode of administration called the “swelling

current," meaning a current that, starting from zero, gradually swells to a minimum point and then recedes, gradually returning to zero. Alternating contractions and relaxations of the muscles are produced by this method. The effect of this mode of stimulation is that the muscles are exercised in a natural way, without any danger of exhausting them. Very good effects were obtained by the author with the use of the sinusoidal current, and he prefers it next to the static. The galvanic current he uses only in the form of hydro-electric treatment. Of the sixteen cases reported to illustrate the application of these methods all but three were cured permanently.

Measuring the abdominal circumference and weighing his patients before and after each treatment, he always found a reduction in the abdominal circumference as well as in the weight of the body. The author explains the loss in abdominal circumference by the fact that the powerful contractions of the abdominal muscles leave these muscles, right after treatment, in a state of improved tonicity (less flabby and more contracted). The consequence is that these muscles are able to offer more resistance to the internal abdominal pressure; therefore the capacity of the abdominal cavity will be reduced and the circumference become smaller.

The loss of weight is explained by the loss of  $H_2O$  and  $CO_2$ . Electric, and especially static, currents produce hyperhidrosis, and the greater elimination of  $CO_2$  is explained by the increased work done by the muscles.

PTOMAIN POISONING.—In a grocer, aged 32, suffering from fish poisoning, symptoms of nausea, griping pain in bowels, vomiting, fever, were relieved with free purgation, followed by teaspoonful doses of glycozone, well diluted, every three hours.  
—*Medical Summary.*

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## Department of Therapeutics.

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In charge of DR. J. A. STORCK, New Orleans.

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ELEPHANT EARS AS FOOD.—A plant that has received very little attention as a source of food in this country is the caladium, or elephant ear, *Colocasia antiquorum*, though it is not uncom-



monly grown for this purpose in some parts of the Southern States, and it may surprise some people who know it only as an effective ornament of their lawns to hear of it as an article of food. It is found oftenest in the coast region of South Carolina, Georgia and Florida, where it is known as *Tanya*, a local name probably derived from *Tannier*, the West India name of a similar plant. In other countries, especially in the tropics, this plant furnishes food for many thousands of people. It is a very important food plant in Japan. The negroes of the Gold Coast in Africa have it under the names of *Eddoes*. It is common in the West Indies. It is the *Tarro* of the Sandwich Islands, where it is universally used as food, and from it "poi" is made by pounding the roots in water till they are reduced to dough, which is then allowed to ferment three or four days before eating. In this country the *Tanya* is cultivated to best advantage in rather moist, rich locations. It requires a long season to bring it to maturity. It is planted in rows, the plants two or three feet apart and cultivated like other crops. It forms a large tuberous root with numerous small tubers clustered about it. These small tubers are used for the planting of the next crop. To make them properly edible the roots require thorough cooking and must be boiled for an hour, after which the fibrous outer coat is stripped off and the rest served in much the same way as we do potatoes. One who eats *Tanya* for the first time is not likely to be favorably impressed, but on second trial usually likes it better, though it is unlikely that this dish can ever compete with the sweet potato for the favor of the American palate.

Botanically it is related to the Indian turnip of our woods and to the cultivated Calla lily. Its virtue as a food plant is not made apparent by tasting the fresh leaves, or the uncooked root, but its relationship to the Indian turnip is easily recognized from the pungent, acrid taste. The persistent, smarting pain that even a small piece can produce remains long in the mouth and throat. This pungent quality disappears entirely after cooking, however, and the tubers may then be eaten with impunity. The *Tanya* is starchy like the potato, but compact and closer grained, and somewhat lacking in flavor. It is entirely free from fibres or woody parts and possibly might be cooked by a different method so as to appear to better advantage.

—Country Gentleman—*The Dietetic and Hygienic Gazette*.

[The large-leaved caladium is extensively cultivated in the gardens of New Orleans for ornamental purposes. The small-leaved variety abounds in the Louisiana swamps.—J. A. S.]

RECENT CONTRIBUTIONS TO THE TREATMENT OF WHOOPING COUGH.—According to Delman and Rocas, the marked antispasmodic qualities of ozone are found to be of service in the therapy of pertussis during the convulsive period, when employed in doses of from three to four inhalations of ten minutes each every twenty-four hours. The number of coughing fits is rapidly decreased in frequency, violence and duration. In cases of pertussis complicated by broncho-pneumonia, ozone has no beneficial action. Baths of compressed air afford most satisfactory results in the treatment of pertussis, the course of the disease being considerably abridged and the convulsive attacks lessened in intensity and duration. M. Baumel recommends the use of atomization of phenol at the distance of 1 meter, or  $1\frac{1}{2}$  meters from the head of the patient, two or three times a day. The treatment aborts, or produces, a marked attenuation of disease.—*American Medicine*.

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## Department of the Ear, Nose and Throat.

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In charge of A. W. DEROALDES, M. D., and GORDON KING, M. D.,  
New Orleans.

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THE USE OF THUJA OCCIDENTALIS IN LARYNGEAL PAPILLOMA.—Dr. James Moreau Brown, of Chicago, reports upon the use of the tincture of *Thuja Occidentalis* in preventing the growth and recurrence of papillomatous growths of the larynx. He records the case of an elderly woman having a papilloma of the false vocal cord about the size of the end of the finger. At repeated sittings about half the tumor was removed with forceps, the tincture being applied after each sitting. After that the applications only were made and the growth soon entirely disappeared and showed no evidence of recurrence several weeks later.

In addition to this very favorable case the author mentions several others of the recurrent type which were permanently cured by repeated use of the drug. For those who are familiar with these vicious little tumors of the larynx and their obstinate tendency to recur we would suggest the trial of this conservative method before resorting to thyrotomy or other radical measures of extirpation.—*Journal American Medical Association*.

TREATMENT OF MIDDLE EAR SUPPURATION WITH NAPHTHOLATED GAUZE.—Hamon du Fougeray, in the September 6 number of the *Revue Hebdomadaire de Laryngologie*, etc., publishes the result of his long experience and careful study of the subject of dry antiseptic gauze treatment in all forms of middle ear suppurations. He arrives at the conclusion that this form of treatment is the most surgical and the most effective for the cure of otitis. In the treatment of more than 3,000 cases, in which he made over 20,000 dressings, he gave a thorough test of the different kinds of antiseptic gauze in use. Of these various kinds the author found that only three gave satisfactory results, viz.: Ichthyol gauze, aristol gauze and gauze prepared from naphtholated quinolin. This last he prefers above all others as being the most readily effective and least irritating to the external auditory canal, a very important consideration since the canal is very sensitive to external influences. To Dr. Haug, of Munich, is accredited the adoption of this kind of gauze for tamponning the ear canal and his experience is in accord with that of Du Fougeray. The gauze is prepared for use as follows: A solution of naphthol in weak alcohol is made (2 grams to 98 grams); treat 5 grams of quinolin with sufficient quantity of sulphuric acid to neutralize it; add the neutralized quinolin to the naphthol solution and add strong alcohol q. s. for 200 grams; this mixture to be used to saturate 100 grams of previously sterilized gauze which is then dried. The author's method of treatment consists in first cleansing the ear with water, and then before applying the gauze, filling the canal with hydrogen peroxide. The gauze is packed in without bringing out the peroxide. It appears to have no important chemical action on the gauze.



## Society Proceedings.

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### Orleans Parish Medical Society.

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MEETING OF AUGUST 23, 1902.

DR. GESSNER read a paper on *An Unusual Case of Cold Abscess*.

DISCUSSION.—DR. GESSNER asked whether anyone had met with a cold abscess so distinct lobulated and pedunculated.

DR. PARHAM: The case reported by Dr. Gessner was extremely unusual. He had never seen a similar one. Many cold abscesses have thick lining membranes, but not usually so distinct as that described by Dr. Gessner. The differentiation between a tumor of that sort and a lipoma would not be simple, particularly in a region where lipoma is so frequent. It would be interesting to keep track of the patient.

#### REPORT OF CASES.

DR. SMYTH reported a case of *rodent ulcer treated by the Röntgen rays*. Case had been mentioned in report read at the last meeting of the State Medical Society. A male, white, aged 64, suffering for nineteen years, May 30, of this year, presented a rodent ulcer of the right temple, area about two square inches, of irregular outline. Anteriorly there projected for about three quarters of an inch, a horny growth about one-half inch in diameter at its base. The growth had involved the periosteum and was firmly adherent. It had caused little pain, but was accompanied by intense itching. On June 6, after seven exposures, there was some dermatitis, but the itching had almost entirely subsided. The patient was subjected to thirty-seven daily exposures, with a ten-inch spark static machine, varying from 10 to 25 minutes at 10 to 4 inches distance, to July 14, inclusive, except July 3 to 8 (inclusive). From July 15 to 30, inclusive, fourteen exposures were given with a 16-inch coil, varying from

3 minutes at 10 inches to 5 minutes at 4 inches. During this time a mild dermatitis was maintained and rapid healing took place. On July 30, the ulcer had almost entirely healed, there being at the anterior extremity only a small scab about the area of the cross section of an ordinary lead pencil, and this was apparently about to become detached. Cicatrix was smooth, healthy, highly movable and not sensitive. Dr. Smyth regretted that this patient could not have remained under treatment a few days longer, for he was confident that the ulcer would have been entirely cured. Yet since cases have been reported where improvement continued long after treatment was stopped, it was hoped that this might occur in this case. The surrounding parts were satisfactorily protected by one thickness of heavy tinfoil, The case had presented no difficulty as to treatment and was reported only to add one more to the list of rodent ulcers which had been favorably influenced by X-Rays.

DR. CLARK mentioned another case of rodent ulcer of the nose treated by Dr. Smyth and himself, in which dermatitis had occurred after a few exposures; the scab had soon after come off and after twenty exposures there was no ulcerated area. This apparently was a permanent cure. They had also treated and cured a case of acne of the nose of five years' standing. There had been temporary improvements, followed by recurrence. Seven exposures were given, the surrounding parts being protected by paraffin paper, and dermatitis then occurring, one week's rest was ordered. When the patient returned he was apparently cured. There had been no return now, after six weeks.

DR. PARHAM spoke of a case of mammary carcinoma now under treatment by Dr. Perkins. This woman had undergone three operations, once by another surgeon and twice since by Dr. Parham. There had been recurrence after the third operation in the cicatrix in a most malignant form. Under X-Ray treatment improvement had been marked. Skin, which had been grafted to cover a portion of the wound, had shown dermatitis and exfoliation of the horny layer of epidermis had occurred. Dr. Parham also reported a case of burn where X-Rays had been used for diagnostic purposes in a fracture of the leg. The patient had desired to show to his friends the workings of the X-Ray and in consequence he had been exposed over

an hour and a half. He had suffered a burn six inches long and had been over two months getting well. Dr. Parham had had three cases where harmful results had occurred, all with the static machine. In one of these cases where X-Rays had been used for diagnosis and where the patient had been put on exhibition also for the benefit of his friends, a severe burn of the chest had taken place.

DR. GESSNER asked if any one had treated deep-seated growths with X-Rays.

DR. CLARK said that Pusey, of Chicago, had been quoted as saying that he was beginning to believe that X-Rays had not any great influence on deep-seated structures. X-Rays made cancerous tissue shrivel without sloughing usually, but he (Dr. Clark) had treated a rodent ulcer of the ear in which a large slough had developed as if it had been burnt out by caustic. The slough had been lifted out with forceps and healthy granulating surface was left behind. Had the X-Ray influence been too powerful?

DR. PARHAM, replying to Dr. Clark, said he thought that the influence had been too powerful and that the slough was the result of the X-Ray burn. There was still difference of opinion as to whether the high or the low vacuum tube was capable of the most good and the most harm. Williams was supported by Coley (*American Medicine*) in the opinion that it was not necessary to get a burn in order to cure. Tumors seem to "melt away," without external solution of continuity. We should strive to find that X-Ray influence which will cause absorption without burning. Wagner & Co., of Chicago, advised the use of the static current after the use of X-Rays in order to aid in absorption of the products of the action of the X-Rays.

DR. GRANER asked whether anyone present had treated a case of cancer of the cervix with X-Rays.

DR. CLARK said that in his case of rodent ulcer in which the slough had occurred he had used a soft tube. He did not know whether he had used too long exposures. Did the X-Rays cause the sloughing or was it due to other influences?

DR. PARHAM, in reply to Dr. Graner, said that Dr. Hopkins, of New York, had had good results with the use of the X-Rays, alternately with Finsen rays, in the treatment of cancer of the cervix.



DR. GORDON KING reported the following case: Colored female, 35 years of age, 6 children, 2 miscarriages. Menstruation regular; general health fair up to the time of the present illness. About five years ago she suffered sudden attacks of *facial paralysis of the left side*. In June, 1901, she had a severe headache, which caused her to remain in bed for two weeks. And at that time the left eye became crossed (internal strabismus). Headache continued more or less severe, on the left side, all the time, and December the voice became suddenly hoarse and has continued so to this time. In this case of paralysis the nerves affected were the sixth, causing internal strabismus; the seventh, causing facial paralysis (lingual through chorda tympani), and the tenth, causing recurrent paralysis. In this connection the origin of these nerves was of interest. The sixth had its superficial origin from the lower border of the pons in the groove between that body and the medulla. The deep origin was a little lower than that of the motor root of the fifth, close to the median line, beneath the superior portion of the faciculus teres on the floor of the fourth ventricle. The seventh nerve had its superficial origin from the upper end of the medulla in the groove between the olivary and restiform bodies. Its deep origin was from the nucleus in the pons below the floor of the fourth ventricle, somewhat ventral and external to the nucleus of the sixth nerve. It supplied platysma, buccinator, posterior belly of the digastric, the stylohyoid, and through the chorda tympani the lingual. The tenth had its superficial origin from the groove between the olivary and restiform bodies, below the ninth; deep origin was from the floor of the fourth ventricle, continuous with the nucleus origin of the ninth.

DR. KING also reported the following case: Mabel Hughes, colored female, aged 10. Parents alive and healthy. Five brothers and two sisters, one a twin of the patient. Was herself a healthy child until a year ago, when she began one day to make a spasmodic sound at regular intervals of about every half hour. This had grown steadily worse, until she now made *a peculiar sound like a hiccough about every ten seconds*, accompanied by a contraction of the right side of the mouth and often a winking of the eyes. This condition had been only apparent during waking hours; only of late had it been noticed to occur

in sleep. Examination of the larynx revealed spasmodic adductor action at each paroxysm with a slight respiratory movement causing the noise. Dr. King said that this case was unusual. He had seen two other similar cases. One was a spasmodic contraction of the uvula which occurred in a case of hemiplegia following embolism of the meningeal artery. Another was a spasmodic contraction of the plate causing a clucking sound and occurring in a grown man who sometimes suffered from a peculiar form of tinnitus.

DR. BRUNS said that in 999 cases out of 1,000 when an eye nerve was effected syphilis was the etiologic factor. If these cases come for treatment early it was very rare that they do not get well (except optic nerve paralysis). Exception must be made of course of all cases where the trouble was caused manifestly by hemorrhage or by nerves being torn by violence.

DR. MARTIN spoke of a case of cough or bark where he had tried ordinary remedies without avail. Dr. Gordon King, who had examined the patient, had found nothing abnormal. Another specialist had removed the tonsils, following which there was some relief, but the trouble soon returned. Dr. Martin had found the patient in a great paroxysm of coughing, which was uncontrollable. He considered the case one of hysteria. Potassium iodide, 15 grains three times a day had relieved the patient, who has remained cured for four months. There was no history of syphilis.

DR. GORDON KING said that this patient was neurotic. The condition was essentially an hysterical one. Temporary relief had been afforded by cocain. Cure might be effected by a strict milk diet and rest in bed.

DR. LEMANN related the case of a member of his family who had for a number of years had a trying experience with a similar cough. Here relief had been afforded finally by antilithic treatment. He considered that the condition was in all probability based on the gouty diathesis.

DR. JACOBY said that he knew of a similar case which had been treated by several specialists with no relief.

DR. MAINEGRA said that such cases were frequent. They were neurotic. In his cases there was acceleration of the heart's action, causing hyperemia of the pharynx, larynx and bronchi, with excess of mucus. He advocated the use of opiates or of

bromide and chloral, with aconite to control the heart's action. He had seen no ill effects following the use of these drugs.

DR. GORDON KING insisted on the importance of finding out the cause of coughs. Sometimes a hacking cough, attributed to some trouble about the throat, was due to reflex from trouble in the ear; for instance, the removal of accumulated secretions of wax in the ear and the application of a sedative ointment had afforded relief in a troublesome hacking cough. The point of reflex irritation on the other hand might be in the nose. Spurs were the most frequent cause or enlarged turbinates pressing on the septum. We should test whether these were the exciting cause of the cough by touching or pressing upon them before proposing their removal. Chronic tonsilitis, chronic follicular tonsilitis or enlargement of the sublingual tonsil was sometimes responsible for the cough. We should make tests before and after the application of cocain. A cardinal rule should be to always examine the chest first. Finally, there were cases similar to that of Dr. Martin's without apparent cause, save some constitutional condition. These were apparently gouty.

DR. DABNEY called attention to two kinds of cough: (1) stomach cough, occurring in beer drinkers; paroxysms came on in the early morning; (2) cough due to tobacco (cigarette smoking). This was a short spasmodic cough. It was sometimes followed by an asthmatic attack. Tobacco should be interdicted and the patient given strychnin. Gouty coughs were sometimes cured by colchicum, sodium salicylate, potassium iodide and exercise. Many so-called cases of consumption had been cured by such a line of treatment.

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MEETING OF SEPTEMBER 27, 1902.

Dr. E. W. Jones exhibited a case of *Epithelioma of the Lower Eyelid, Treated with Chlorate of Potash*.

Before I present this case of epithelioma of the lower lid, I should like to state that I have treated six cases, three within the past five months—three of them by the X-Ray and three by chlorate of potash application. The chlorate was put in a small muslin bag and strapped over the lid with adhesive plaster. With the X-Ray treatment there were no improvements; on the contrary, it seemed to stimulate the growth, whereas with the



chlorate of potash bag there was a marked improvement and one of the cases was entirely cured.

This case I present to you to-night. The history is as follows:

Mrs. F., aged 52, has had growth on lower lid for four years. Had been under treatment before I saw her, having had ice put on lower lid all day long for six months. I first saw the patient nearly a year ago. Patient used iodoform and aristol dusted on growth up to two months ago. There was much pain, and growth was rapidly increasing when I used the chlorate of potash bag. There is now a marked improvement, little or no pain and growth is not one-third of size that it was a month ago.

DR. POTHIER (on request) gave a short talk on his *Experience as a member of the United States Marine Hospital Commission on the Investigation of Yellow Fever and Mosquitoes in Vera Cruz this summer*. Yellow fever, he said, was endemic in Vera Cruz and there was always plenty of material for the work of investigation. Yellow fever there increased in the dry months decreased in the wet period (April, May, June), began to increase in July and continued prevalent until the advent of cold weather (November, December). These facts were well explained by the theory of the mosquito to propagation of the disease. During the dry season mosquitoes (*Stegomyia fasciata*) were abundant, but during the wet season the nuisance abated. In July the insects began to swarm again. The mortality of yellow fever in Vera Cruz was extremely high—sometimes almost 100 per cent.—due either to the virulent form of the disease or more likely to lack of proper treatment in the hospitals. On admission the patient was given a dose of citrate of magnesia and an enema of permanganate of potash. After that the patient practically had no treatment. He was starved, but given an abundance of Vichy water. He might smoke or walk about the ward if he wished.

As a field for the investigation of yellow fever and malaria Vera Cruz was one of the best. The physicians there were anxious to obtain means to prevent the disease and methods for accurate early diagnosis. They, therefore, warmly welcomed investigators. The government was willing and anxious to furnish all facilities. The patients were easily handled and they willingly submitted to experiments. Dr. Pothier preferred not to divulge any further information

as to the Commission's work than had already been given to the newspapers. He said, however, that the cause of yellow fever had been determined to the satisfaction of the members of the Commission. The bacillus Sanarelli was doomed. It stood in no etiologic relation to yellow fever. The work of Reed and Carroll as to the transmission of yellow fever by the *stegomyia fasciata* had been entirely corroborated. There still remained a great deal to be done, particularly in the way of confirmation, investigation and more especially, even, with regard to the question of quarantine. The numbers of *stegomyia* in Vera Cruz was almost unbearable, due principally to the custom of storing drinking water in barrels all over the house. The barrels were literally alive with larvæ, some containing as many as 100 to 150 larvæ to the glassful.

Malaria in Vera Cruz was prevalent in August and September and again in the spring.

The hospitality and kindness of the physicians had been very great; nothing had been left undone to accommodate the Commission in every way.

DR. WILLIAMS, of South Africa (guest of the Society), gave a very interesting *talk on his experience during the late Boer war*. He had not been in the service, but had been connected for a short while with one of the refuge or concentration camps maintained by the British for the Boer women and children. Here he had found great neglect due to the incompetency of the superintendents and the lack of resources. Later on a well-equipped hospital and a competent nursing staff had been sent. Better conditions had been in great measure due to agitation in England by the Boer sympathizers who had declared the treatment of the Boer women by the British to be brutal and criminal. Near the end of the war Dr. Williams had seen another refuge camp which was a model one in every respect, in marked contrast to the one first mentioned.

Wounds caused by the new projectiles were clean bored holes—due to the extreme velocity, and were seldom primarily infected, as organisms were not carried in the projectiles. As to the question of laparotomy the general opinion of the military surgeons was against the operation.

DR. POTHIER remarked that the physicians in Vera Cruz had found that the difficulty of diagnosing between yellow fever and

the pernicious forms of malaria as great as we had found it here. Men who had been treating yellow fever for thirty-five or forty years, and who were expert diagnosticians, every once in a while made a mistake in diagnosis. He had seen cases of malaria simulating yellow fever and showing every symptom supposed to be characteristic of the latter disease—facies, pulse, uremia, black vomit, bleeding gums and nose, etc. The proper diagnosis was made only at autopsy.

DR. PARHAM asked if an examination for plasmodium had been made.

DR. POTHIER—The plasmodium malarie had been searched for and found, but, unfortunately, these patients had died the same day. Prior to the visit of the Commission nobody in Vera Cruz was competent or equipped to make microscopic and bacteriologic examinations. They now had a good laboratory and a competent pathologist.

DR. GESSNER asked whether patients might not have plasmodia and still have have yellow fever.

DR. POTHIER—This might happen. It was not impossible, but double infection with two febrile diseases had been rarely observed. Thayer, of Johns Hopkins, had said that out of 6000 blood examinations, he had found but one instance where the plasmodium and a positive Widal's reaction had been present. At the Charity Hospital Dr. Pothier had found out of 3000 blood examinations five cases where both the plasmodium and a positive Widal reaction had been present the same day. One disease might follow the other, but they were very rarely co-existent in the same patient.

DR. LEBEUF remarked on the prevalence of dengue in the city. The fever was of one paroxysm and lasted one day, sometimes only a few hours. Pains were very great. There had been no albuminuria in cases he had seen. The attack was followed by a peculiar red eruption.



## The Mississippi Valley Medical Association.

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HELD IN KANSAS CITY, MO., OCTOBER 15, 16, 17, 1902.

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### PAPERS SPECIALLY ABSTRACTED FOR THE JOURNAL.

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PRESIDENT'S ADDRESS—*The Relationship Lues Bears to the Body Politic.*—DR. S. P. COLLINGS, Hot Springs.

The reasons for selecting this subject are several: First, because of the importance of constantly calling attention to a disease so wide spread; secondly, because it is a disease which through proper education concerning its frequent occurrence and various modes of transmission, can be controlled more effectively than most diseases, and lastly, for the author's own experience and observation of its frightful ravages upon society at large.

The history of syphilis is so closely interwoven with that of the world that it is difficult to dissociate the one from the other. From the earliest records kept by the Chinese and Hindoos, down to the records of the Greeks and Romans, a disease characterized by a primary sore followed by constitutional symptoms has existed. Anthropology has demonstrated that an affection was present among men in pre-historic times, which produced lesions corresponding with lesions found to-day in tertiary syphilis, and in the inherited forms of this disease. Records show that 4526 years ago the Chinese knew of the quality of the chancre. They also knew that mercury was the antagonistic medicine. Syphilis existed among the Jews centuries before the birth of Christ, at one time assuming such proportions that Moses caused 24,000 men who had contracted it to be summarily put to death. With the outbreak of the epidemic of the fifteenth century the disease seems to have assumed a malignant form, the general characteristics of the disease becoming apparently more pronounced and malignant. The prevention of the spread of syphilis, in the writer's opinion, is better controlled by educating the public more thoroughly, as it is being educated concerning the communicability and modes of trans-

mission of tubercuolosis. The public, however, must first be willing to learn before it can be taught. Syphilis is communicated not only by some infected person, but by articles which have come in contact with the specific poison. Kissing is a prolific source, and Bulkley has shown that it can be conveyed by knives, forks, cups, pipes, cigars; chewing gum and candy passed from one person to another. A new born babe with inherited syphilis is extremely infectious to those about it. The history of syphilis is intimately associated with the subject of prostitution. In our day, the prohibition of prostitution is not practical. Regulation of the vice has proved ineffectual in controlling the spread. If it is legalized, the men frequenting the houses should be subjected to the same rules in regard to examination as the unfortunate inmates. In New York city there were in 1901 about 200,000 cases of syphilis, and Gihon a few years ago estimated that there were 2,000,000 cases in the United States. Syphilis is prolific of harm to humanity; its dire results are far reaching; it is no respecter of persons, being as vicious in the palace as in the hovel, and physicians can do more by educating their patients as to the modes of infection and by advising the younger ones among those they treat than all the laws ever enacted can do to prevent the spread of this disease.

*Ureter Catheterism—Its Value in Male and Female.*—BRANSFORD LEWIS, St. Louis. The purposes of ureter catheterism in connection with the cystoscope are for diagnosis and for treatment. Cases reported show ureter catheterism in both male and female has been reduced to a practical procedure. With the author's cystoscope the operator looks directly on the field. Air is used for inflating the bladder. One or both ureters may be catheterized at the same sitting. The operation is performed under local anesthesia.

Case I showed the falsity of an X-Ray diagnosis of stone in the ureter; Case II showed chronic unilateral pyelitis and cystitis, irrigations of the pelvis resulting in cure; Case III—Tubercular inflammation of bladder and kidneys improved under irrigations; Case IV—Hemorrhagic cystitis and bilateral pyelonephritis under irrigations of renal pelvis much improved.

DISCUSSION.—EASTMAN (Ind.) thought a removable roof to facilitate withdrawal of cystoscope leaving catheter in ureter would be improvement.

MARTIN (Mo.) found the introduction of catheter easier than it would seem and no trouble to withdraw cystoscope while catheter is in ureter.

*Laminectomy for Fracture-Dislocation of the Fourth and Fifth Cervical Vertebrae.*—The inefficiency of extension and counter-extension with manipulation in broken neck; danger attending extension upon an inclined plane with suspension collar and hard mattress; the importance of promptness in performing laminectomy; fatuity of leaving cases to the unaided efforts of nature.

DISCUSSION—STEWART (Chicago) agreed with the essayist in advocating early operation.

BLACK (Ill.) advised early operation or exploratory incision. Out of a total of 555 cases in literature 250 cases operated on showed 25 per cent. better result than unoperated cases.

*Gastro-Jejunostomy with the McGraw Elastic Ligature for the Relief of Gastropstosis.*—H. O. WALKER (Detroit). Little has been done surgically for the relief of this condition. Three cases operated on successfully. The McGraw elastic ligature has the advantages of (1) simplicity, (2) ease and rapidity, (3) less liability to sepsis, (4) no danger from foreign body, (5) a larger opening with no liability to cicatricial contraction.

*Renal Calculi or Hepatic Calculi—Differential Diagnosis.*—CHARLES E. BARNETT (Ft. Wayne). The X-Ray in differential diagnosis not as valuable as in other regions. Impossible to make differential diagnosis, and suggests cutting down to kidney and then being governed by findings.

*Cyst of Mesentery.*—H. E. PEARSE (Kansas City) reported a case that recovered after operation.

*The X-Ray Treatment for Malignant Growths.*—EDWIN WALKER (Evansville). The X-Ray has given favorable results so far. The exact status must be determined by clinical observation. Report of case of alveolar melanotic sarcoma which was removed. Returned in two weeks and had extended to the neck. Second removal a month later; rapid extension from that time so that within a few days almost entire neck involved. Immediate improvement after use of X-Ray. Wound had cicatrized in two weeks and indurations had disappeared in three months. Patient seems entirely cured. Result of the effect of the ray on pyogenic germs negative. While X-Ray is of undoubted value in malignant growths, it should not be adopted to the exclusion of



other known methods; excision should be done, if possible, before treatment is begun.

*Tent Life in the Treatment of Tuberculosis.*—A. MANSFIELD HOLMES (Denver). Pure air and sunshine are two important factors in bringing about the cure of tuberculosis. Tent life is the most important means of securing the advantage of these factors. The dangers and inconveniences of tent life are exaggerated by persons with no experience in this method of treatment. Extended experience with tent life justified the following deductions: Appetite increases, nutrition improves, cough diminishes, night sweats cease, weight increases, fever decreases.

*The Surgical Treatment of Trigeminal Neuralgia.*—TRUMAN W. BROPHY (Chicago) advocates the removal of the second and third branches of the fifth nerve which may usually be performed in the mouth. The method described and illustrated by stereopticon views. The removal of the nerve endings oftentimes relieves this condition, making operation for removal of ganglion needless.

*Cancer of the Posterior Vaginal Wall Involving the Rectum.*—EMERSON M. SUTTON (Peoria, Ill.). Cancer of the posterior vaginal wall penetrating to the submucosa of the rectum, with fibrinous non-malignant infiltration around the rectum producing stricture. Operation by the sacral route. Resection of the vagina, rectum, one-half of cervix, anchoring healthy end of sigmoid to gluteal incision side of wound. Reasons for attempting operations for extensive cancerous growths situated in the pelvis.

*Extrinsic Traumatisms of the Spine; their Diagnosis, Pathology, and Treatment.*—THOMAS H. MANLEY (New York). Most frequent injuries are external to the spinal cord; they are rarely of such a character as to seriously impair function, although deformity and impairment in strength occasionally follows. No serious effort has yet been made by an American author to classify the pathology, to elucidate symptoms or established differential diagnosis in this important group of traumatisms.

OFFICERS ELECTED FOR ENSUING YEAR.—President, Edwin Walker, Evansville; 1st Vice-President, Hugh J. Patrick, Chicago; 2d Vice-President, Wm. Britt Burns, Memphis; Secretary, Henry E. Tuley, Louisville; Treasurer, Thos. Hunt Stuckey, Louisville.

Place of next meeting, Memphis.

## American Medical Association Notes.

NEXT MEETING IN NEW ORLEANS, MAY 5, 6, 7 AND 8, 1903.

### GENERAL OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION, 1902-1903.

President, Frank Billings, Illinois; First Vice President, J. A. Wither-  
spoon, Tennessee; Second Vice President, G. F. Comstock, New York;  
Third Vice President, C. R. Holmes, Ohio; Fourth Vice President, James  
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*Physiology and Pathology*—Chairman, Victor C. Vaughan, Ann Arbor, Mich.; Secretary, Joseph McFarland, Philadelphia. Executive Committee—W. S. Hall, Chicago; L. Hektoen, Chicago; Frank B. Wynn, Indianapolis.

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*On Halls and Meeting Places*—Chairman, Dr. John F. Oechsner; members: List to appear.



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*On Bureau of Information*—Chairman, Dr. A. G. Friedrichs; members, Drs. J. B. Elliott, P. Michinard, J. B. Guthrie, E. L. McGehee, J. A. Storek, I. I. Lemann, E. A. Robin, M. H. Maguire, J. J. Archinard, Frank Chalaron, Paul Gelpi, R. J. Mainegra, L. Sexton, E. D. Fenner, R. W. Salter, J. B. Elliott, Jr., Wm. Robin; (other names to appear).

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*On Hotels*—Chairman, Dr. E. D. Martin; member, Dr. E. D. Moss.

## Louisiana State Medical Society Notes.

Next meeting in New Orleans, Tuesday, Wednesday and Thursday, April 28, 29 and 30, 1903. President, Dr. Isadore Dyer, New Orleans; Recording Secretary, Dr. Wm. M. Perkins, 163 University Place, New Orleans; Corresponding Secretary, Dr. A. G. Friedrichs, 641 St. Charles street, New Orleans; Treasurer, Dr. H. S. Cocram, 124 Baronne street, New Orleans; Chairman, Committee of Arrangements, L. G. LeBeuf, 124 Baronne street, New Orleans.

MEMBERS IN ARREARS should remit at once to the recording secretary, Dr. Perkins, in order to receive the transactions and the JOURNAL, the official organ of the Society. The transactions are now ready for distribution.

THE CHAIRMAN OF THE COMMITTEE OF ARRANGEMENTS urges all chairmen of sections to decide upon a subject for discussion as soon as possible, so that the whole matter may be studied by the general membership in advance of the meeting.

### LIST OF SECTIONS WITH CHAIRMEN AND PARTICIPANTS APPOINTED BY THE PRESIDENT.

GENERAL MEDICINE.—Chairman, Dr. R. B. Paine, Mandeville. To open discussion, Dr. E. L. McGehee, New Orleans; Dr. J. F. Pigott, Covington; Dr. I. M. Callaway, Shreveport.

**SURGERY.**—Chairman, Dr. F. W. Parham, New Orleans. To open discussion, Dr. Randell Hunt, Dr. T. E. Schumpert, Shreveport; Dr. Felix A. Larue, New Orleans.

**NEUROLOGY, INCLUDING MENTAL DISEASES.**—Chairman, C. D. Simmons, Dutch Town. To open discussion, Dr. P. E. Archinard, New Orleans; Dr. G. A. B. Hays, Jackson; Dr. St. M. Fortier, New Orleans.

**MATERIA MEDICA AND THERAPEUTICS.**—Chairman, Dr. N. K. Vance, Shreveport. To open discussion, Dr. S. D. Porter, Moreauville; Dr. R. W. Seay, New Orleans.

**DISEASES OF CHILDREN.**—Chairman, Dr. E. M. Dupaquier, 819 Orleans street, New Orleans. To open discussion, Dr. G. R. Fox, Moreauville; Dr. L. Abramson, Shreveport.

Subject for Discussion—*Typhoid Fever.*

All members interested are requested to make a clinical report of their cases, with special reference to the following points:

1. The occurrence of typhoid fever is increasing.
2. The true condition is often unrecognized, especially in nurslings.
3. Its peculiarities are many and quite misleading.
4. Its practical management, especially at the age of two years or thereabouts, is far from easy.
5. Its relation to tuberculosis is decidedly marked.
6. Prevalence and severity in the white and negro races, in the foreign-born and in the native-born of foreign or native parentage?
7. Cases of continued fever, neither malaria nor typhoid, in which drug treatment causes undue mortality among children.

The Chairman, whose address is given above, would be glad to correspond with the members of the Society about this or other subjects in his Section.

**OBSTETRICS AND GYNECOLOGY.**—Chairman, Dr. C. Jeff. Miller, New Orleans. To open discussion, Dr. F. S. Furman, Shreveport; Dr. R. C. Webb, Rayne; Dr. L. Périlliat, New Orleans.

**GENITO-URINARY DISEASES.**—Chairman, Dr. A. R. Trahan, Lafayette. To open discussion, Dr. Chas. Chassaignac, New Orleans; Dr. T. P. Singletary, Baton Rouge.

**DERMATOLOGY.**—Chairman, J. N. Roussel, New Orleans. To open discussion, Dr. Ralph Hopkins, New Orleans.

**OPHTHALMOLOGY.**—Chairman, Dr. G. C. Chandler, Shreveport. To open discussion, Dr. R. W. Salter, New Orleans; Dr. J. R. Fridge, Baton Rouge.

**OTOLOGY.**—Dr. Gordon King, New Orleans. To open discussion, Dr. C. J. Landfried, New Orleans.

**MEDICAL JURISPRUDENCE.**—Chairman, Dr. Fred. J. Mayer, Scott. To open discussion, Dr. Q. Kohnke, New Orleans.

**QUARANTINE.**—Chairman, Dr. A. Nolte, New Orleans. To open discussion, Dr. F. M. Thornhill, Arcadia.

**BACTERIOLOGY.**—Chairman, Dr. O. L. Pothier, New Orleans. To open discussion, Dr. John J. Archinard, New Orleans.

ANATOMY AND PHYSIOLOGY.—Chairman, Dr. C. H. Irion, Benton. To open discussion, Dr. S. P. Delaup, New Orleans; Dr. H. L. Ducrocq, Lafourche Crossing.

SANITARY SCIENCE.—Chairman, Dr. R. L. Randolph, Alexandria. To open discussion, Dr. G. F. Patton, New Orleans,

ORAL SURGERY.—Chairman, Dr. A. G. Friedrichs, New Orleans. To open discussion, Dr. J. A. Storck, New Orleans.

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## Medical News Items.

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THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its Thirtieth Annual Meeting in New Orleans, December 8 to 12.

The officers of the Association are:

President, Dr. Henry D. Holton, Brattleboro, Vt.; vice-presidents, Dr. Walter Reed, Washington, and Dr. Jesus Chico, Guanajuato, Mex.; secretary, Dr. Charles O. Probst, Columbus, O.; treasurer, Dr. Frank W. Wright, New Haven, Conn.

Dr. C. P. Wilkinson, of New Orleans, is Chairman of the Committee of Arrangements and he has already organized a local committee in preparation for the coming meeting, at which a large attendance is expected.

The subjects for consideration cover a wide field, chief among which may be noted: The disposal of refuse material; animal diseases and animal food; car, steamship and steamboat sanitation; cause and prevention of infant mortality; national leper homes, the teaching of hygiene, etc.

The local committee on arrangements comprise the following members: Drs. C. P. Wilkinson, Chairman, S. R. Olliphant, A. Nolte, G. F. Patton, F. Formento, F. W. Parham, L. F. Salomon, Isadore Dyer, O. L. Pothier, R. Matas, E. D. Martin, P. E. Archinard, Quitman Kohnke, J. B. Guthrie, Hamilton P. Jones, M. Levy, H. S. Lewis, E. L. McGehee, P. L. Reiss, F. J. Chalaron, H. A. Veazie, S. M. Fortier, and Mr. J. C. Smith.

THE FIFTEENTH ANNUAL SESSION OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION will convene at Cincinnati, November 11, 12, and 13, 1902.

Railroad rates one and one-third fare on certificate plan.

Among the papers on the program, we note the following:



The Curse of Gonorrhœa, Joseph Taber Johnson, M. D., Washington; Indications for Extirpation of the Gall Bladder and Technique of the Operation, Maurice H. Richardson, M. D., Boston; The Significance of Paralysis of the Bowel, Geo. S. Brown, M. D., Birmingham; Surgical vs. Medical Treatment of Cholelithiasis, Jno. B. Deaver, M. D., Philadelphia; Some Autopsy Findings in Cases of Still-Born Children, C. Jeff Miller, M. D., New Orleans; Notes on the Operative Treatment of Fractured Patella, R. Matas, M. D., New Orleans; A Study of Adrenal Growths; Report of Three Cases of Adenoma, J. E. Thompson, M. D., Galveston; Stone in the Kidney, Mack Rogers, M. D., Birmingham; Unilateral Disease of the Kidney, Simulating Stone, and its Treatment, Jos. Ransohoff, M. D., Cincinnati; The Sequelæ of Appendiceal Operations and Repeated Operations, Joseph Price, M. D., Philadelphia; Gastro-Enterostomy for the Relief of Certain Chronic Non-Malignant Diseases of the Stomach, W. D. Haggard, M. D., Nashville.

THE ORLEANS PARISH MEDICAL SOCIETY has revised its Constitution and By-laws, among other changes being the following excellent provision:

"The annual assessment of each member of this Society shall be \$12, payable quarterly, in advance, in installments of three dollars on the first days of January, April, July and October. Each member shall receive a notice to this effect from the Treasurer, quoting this section of the By-laws. If said installment of \$3.00 has not been paid before the first day of the month following, namely, February, May, August and November, the member failing to pay shall thereby be considered delinquent, of which fact he shall be notified by the Treasurer, who shall again call his attention to this By-law and who shall also cause to be posted upon the bulletin board of the Society the names of all such delinquents. If after one month's due notice and posting, the amount is not paid, all delinquents shall forfeit membership in this Society, without further notice. Re-instatement to membership in this Society shall be conditional upon the payment of all delinquencies and upon application for membership duly endorsed, which shall go through the usual form."

THE GEORGIA PASTEUR INSTITUTE, at the annual meeting in Atlanta on October 3, showed that sixty-five cases had been treated during the year without a death. In 1687 injections, no untoward effects were observed.

Patients were received from the following States: Georgia, 38; Louisiana, 9; Alabama, 7; South Carolina, 6; Tennessee, 2; North Carolina, Mississippi, Texas, each one.

There were 18 men, 5 women, 30 boys and 12 girls.

A new home has been purchased for the institute, which argues its success. The same officers were re-elected for another year.

A FOUR HUNDRED DOLLAR PRIZE is offered by Dr. J. B. Mattison, Medical Director, Brooklyn Home for Narcotic Inebriates, for the best paper on the subject:

Does the habitual subdermic use of morphia cause organic disease? If so, what?

Contest to be open two years from December 1, 1901, to any physician, in any language.

Award to be determined by a committee: Dr. T. D. Crothers, Hartford, Conn., editor *Journal of Inebriety*, chairman; Dr. J. M. Van Cott, Professor of Pathology, Long Island College Hospital, Brooklyn, and Dr. Wharton Sinkler, Neurologist to the State Asylum for the Chronic Insane, Philadelphia.

All papers to be in the hands of the chairman, by or before December 1, 1903; to become the property of the American Association for the Study and Cure of Inebriety, and to be published in such journals as the committee may select.

AT THE FOURTEENTH ANNUAL MEETING OF THE TRI-STATE MEDICAL SOCIETY OF ALABAMA, GEORGIA AND TENNESSEE, held October 7, 8 and 9, at Birmingham, the following officers were elected:

President, Michael Hoke, Atlanta; First Vice President, C. H. Peete, Macon, Ga.; Second Vice President, W. L. Nolan, Chattanooga, Tenn.; Third Vice President, L. C. Morris, Birmingham; Secretary, Frank Trester Smith, Chattanooga, Tenn.; Treasurer, George R. West, Chattanooga, Tenn.

The meeting was a successful one and the papers were of an unusual high order. The next meeting will be in Atlanta, Ga.

DR. WHYTE GLENDOWER OWEN, of White Castle, La., has been appointed a delegate by the Secretary of the Treasury, U. S. A., to attend the International Sanitary Conference to be held at Washington, D. C., December 2, 1902.

DR. L. G. WILLE, of Loreauville, La., has removed to New Braunfels, Tex.

THE GULF COAST MEDICAL AND SURGICAL SOCIETY will meet in Scranton, Miss., November 5. This society is composed of the physicians practising in southern Mississippi, and is always well attended.

DR. E. M. HUMMEL, of New Orleans, has recently been appointed assistant physician to the Insane Asylum of the State of Louisiana at Jackson.

DR. E. M. ELLIS has been elected president of the new Crowley Board of Health.

DR. H. M. FOLKES, of Biloxi, Miss., has been recently appointed a member of the Mississippi State Board of Health.

TOURO INFIRMARY TRAINING SCHOOL graduated eight nurses September 30.

DR. E. D. FENNER resigned the position of Assistant House Surgeon to Charity Hospital at the October meeting of the Board of Administrators. Dr. Fenner has served in the office for over six years and at all times in appreciated esteem. Dr. J. M. Batchelor, the second assistant, was elected to the position vacated by Dr. Fenner.

DR. L. SEXTON, of this city, was recently elected president of the Academy of Railroad Surgeons, at the Kansas City meeting, which was large and successful.

DR. J. A. RUPP has been officially installed as deputy coroner for the Fifth District, Algiers, *vice* Dr. W. H. Riley.

FIFTEEN NEW YORK POLICEMEN have been ordered to appear for trial on charges of "attempts to influence the public." The charges grew out of advertisements in which appear photographs of fifteen policemen accompanied by as many letters setting forth the alleged beneficial effects of a certain patent medicine.

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## Book Reviews and Notices.

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*All new publications sent to the JOURNAL will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the JOURNAL to review as many of the works received as possible, the editors will be guided by the space available and the merit of the respective publications. The acceptance of a book implies no obligation to review.*

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*Treatise on Diseases of the Skin for the Use of Advanced Students and Practitioners.*—By HENRY W. STELWAGON, M. D., PH. D. W. B. Saunders & Co., Philadelphia and London, 1902.

Dr. Stelwagon has spared no pains in making a book replete with advanced methods and full of exact information gathered from every avail-



able source. It is above all a reflex of American dermatology, while at the same time it is fair to every other school.

A free illustration is everywhere evident, and much wisdom has been exercised in the employment for the most part of photo cuts, instead of the more popular colored illustrations which so often mislead the general practitioner into expecting such monstrous combinations some of these depict.

After a clear exposition of the anatomy and physiology of the skin, the lesions are taken up and are described in a most graphic text; lesional configuration, distribution and other features peculiar to eruptions of the skin are brought forward as important, and the terms employed in describing these are defined.

The chapter on general diagnosis is especially noteworthy as it details the characteristics common to affections of the skin, and then considers the especial points which are conspicuous in particular diseases.

The division of the work devoted to treatment follows here as in other texts and is as much out of place as in such other texts. Why this chapter should always be held as part of the introduction to the study of skin diseases we have never been able to understand. To the student it is always confusing and to the practitioner, unfamiliar with skin diseases, it almost always proves to be a *pons asinorum*. Properly this chapter should be in epilogue, or to be Irish for a moment, it should be spread through the book.

Dr. Stelwagon bows to the *bete noir* of all dermatologists, the difficulty in establishing a classification, and finally does what all dermatophiles do, adopts some modified classification, here of Hebra, and as modified by Crocker. This at any rate, serves the student best, as it is clear in the arrangement of diseases after the etiologic and pathologic elements.

It is indeed difficult to review with any degree of fairness the vast work which Dr. Stelwagon has accomplished in his text proper. After, for so many years, following him in a little handbook noted for its graphic and concrete style, to at once step into the breath of a standard of editorial and authoritative work is at least awesome.

The gross opinion of the work at once compels the expression of content at the repletion of references with which the text is foot-noted. Again it is a matter of supreme satisfaction to us, as it must be to the author, to appreciate the fact that the work is rather free of the personal equation, usually so apt to occur in a book, of which the author is proud enough to wish to autograph it all the way through.

We cannot pass without especial mention the article on Eczema, which must go a long way toward aiding the separation of this disease from its confounders in the minds of the rank and file of the profession. Many articles have been written on eczema, opinionated ones and sketchy ones, exhaustive ones (?) and articles full of suggestions for exactness in treatment, etc., but among these the present article must take high rank.

The pages devoted to drug eruptions are full of suggestion in diagnosis; those on the exanthemata are notable, especially the article on small-pox, which is well illustrated.

Other articles to mention are on tuberculosis cutis, syphilis, leprosy

and the parasitic diseases. The article on alopecia areata is exceedingly comprehensive and well presented, with all of the theories of its trophic, neurotic and parasitic origins.

A supplementary chapter on diseases and conditions of the mucous membranes is timely, but it is faulty in not being more extensive. We believe that these cases present themselves often enough to demand a wider consideration in the texts on cutaneous medicine.

Dr. Stelwagon acknowledges the bacillary origin of leprosy, but evidently does not define it as among the more contagious diseases. Dr. Stelwagon is fortunate in living in a lepra-free section of the country, or his remark that "It is probable, however, that this *alleged* (Italics ours) increase or recrudescence is more apparent than real," would not have been written.

This, of course, is not the place for controversial commentation; but the rapid numerical increase in Louisiana alone, among new cases, of recent development, of a few months duration in many instances, would confound that opinion for Louisiana, at least.

In summarizing the text before us, we must express a high degree of personal satisfaction that such a mass of valuable work should have arisen from American authorship, expressing as it does the views of many of us especially interested in skin diseases, and at the same time presenting the convictions of the author in such a way that they must command consideration and respect, if they do not find agreement throughout.

The publishers are to be complimented upon the preparation of the text, which, for some time, must fill its own place in medical references.

DYER.

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*American Edition of Nothnagel's Encyclopedia, Diphtheria, Measles, Scarlet Fever and German Measles. Diphtheria.* BY WM. P. NORTHRUP, M. D., of New York. *Measles, Scarlet Fever and German Measles.* BY PROF. TH. VON JURGENSEN, of Jübingen. Edited, with additions, by WILLIAM P. NORTHRUP, M. D. W. B. Saunders & Co., Philadelphia and London, 1902.

This is Vol. III of the admirable edition of Nothnagel's Encyclopedia. Northrup's entirely original monograph on Diphtheria is exhaustive and practical, as shown by the plates illustrating intubation, a great help for those practitioners who, located far from cities, have to perform intubation. Statistics showing the results from the use of antitoxin are convincing. Von Jürgensen's monographs are, as well known, most comprehensive. But the American editor has added fresh material, such as a discussion of Duke's Disease, the "Fourth Disease," showing that its existence as an entity is doubtful. The perfection of this particular volume is highly appreciated. As to the whole work, it is well known, now, that it needs no recommendation.

DUQUAIER.

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*Diseases of the Stomach.* BY JOHN C. HEMMETER, M. D. P. Blakiston's Son & Co., Philadelphia, 1902.

This is the third edition of Dr. Hemmeter's capable work. The different subjects have been revised so as to bring them abreast of our present knowledge. New matter has been added to the chapter on carcinoma and

ulcer, and also a new article on gastric lipose. Lipose is the name suggested by Hemmeter for the fat-splitting ferment of the stomach.

We see no mention of mold, or succinic acid, as a causative factor of certain digestive diseases, as determined by Einhorn, Knap and others. In reviewing previous editions of this work we have already remarked upon its many admirable points.

STORCK.

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*The Artificial Feeding of Infants.* BY CHARLES F. JUDSON, M. D., AND J. CLAXTON GITTINGS, M. D. J. B. Lippincott Co., Philadelphia, 1902.

As we progress in practice, we find our attention more deeply arrested on this subject, but we feel that much of the "theoretical calculation" on infant feeding is useless. Yet, a volume like the one before us, dealing quite exhaustively with the scientific study of the value of milk and cream as a food for infants and of its proper dilutions and mixtures for a number of various circumstances is an essential guide in practice. Chapter first reviews the history of artificial feeding with bibliographical information. The following fourteen chapters treat of the capital subjects in the order mentioned: Mother's milk, cow's milk, function of digestion in the newborn and in the infant, modern methods of infant feeding, weaning, care of the milk, bacteriology of the milk, processes of sterilization and pasteurization, weight and growth of the infant, feeding of premature infants, principles of infant feeding, home modification of milk, practical rules for feeding and artificial foods. There is added an appendix full of recipes. Finally, we note a complete bibliography and a good index. As said before, the book is essential to the general practitioner.

DUPAQUIER.

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*Progressive Medicine.* Volume II, June, 1902. Lea Brothers & Co., Philadelphia and New York, 1902.

Volume II of this rich publication, the type of excellence in its kind, gives more than a dry abridgment of the progress on Surgery of the Abdomen, including Hernia, Gynecology, Diseases of the Blood and Ductless Glands, the Hemorrhagic Diseases, Metabolic Diseases and Ophthalmology. It affords pages of pleasant reading on these subjects, which are arranged in a number of attractive articles.

DUPAQUIER.

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*American Year Book of Medicine and Surgery.* (Surg. Vol.) Edited by GEO. M. GOULD, M. D. Philadelphia: W. B. Saunders & Co., 1902.

The surgical volume of this well-known digest of current medical literature maintains its reputation. It is really a review of the last half of 1900 and the first half of 1901. It is a very painstaking and discriminating digest of the literature of this period. It is always welcomed by us and deserves the patronage of every progressive surgeon.

PARHAM.



## Publications Received.

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*A Text-book of Histology and Microscopic Anatomy of the Human Body*, by Dr. Ladislaus Szymonowicz. Lea Brothers & Co., Philadelphia and New York, 1902.

*Practical Obstetrics*, by Edward Reynolds, M. D., and Franklin S. Newell, M. D., Lea Brothers & Co., Philadelphia and New York, 1902.

*Transactions of the Medical Society of Tennessee*, Memphis, 1902.

*General Paresis, Practical and Clinical*, by Robert Howland Chase, M. D. P. Blakiston's Son & Co., Philadelphia, 1902.

*Twenty-fifth Annual Report of Board of Health of New Jersey*, 1901.

*Materia Medica, Therapeutics, Medical Pharmacy, Prescription-Writing and Medical Latin*, by Wm. Schleif, M. D. Edited by B. B. Gallaudet, M. D. Lea Brothers & Co., Philadelphia and New York, 1902.

*Disinfection and Disinfectants*, by M. J. Rosenau, M. D. P. Blakiston's Son & Co., 1902.

*Practical Diagnosis: The Use of Symptoms and Physical Signs in the Diagnosis of Disease*, by Hobart Amory Hare, M. D. Lea Brothers & Co., Philadelphia and New York, 1902.

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*Diseases of the Stomach*, by John C. Hemmeter, M. D. P. Blakiston's Son & Co., Philadelphia, 1902.

## MORTUARY REPORT OF NEW ORLEANS.

(Computed from the Monthly Report of the Board of Health of the City of New Orleans.)  
FOR SEPTEMBER, 1902.

CAUSE.	White.	Colored.	Total.
Fever, Malarial (unclassified).....	....	....	....
“ Intermittent.....	4	4	8
“ Typhoid or Enteric.....	5	6	11
Congenital Malformations.....	2	1	3
Hernia.....	1	1	2
Diseases of Spinal Cord.....	2	....	2
Alcoholism.....	1	1	2
Puerperal Diseases.....	1	1	2
Bronchitis.....	2	5	7
Diphtheria and Croup.....	2	....	2
Pyemia (Septicemia).....	4	....	4
Measles.....	1	....	1
Whooping Cough.....	1	....	1
Pneumonia.....	11	8	19
Cancer.....	26	3	29
Tuberculosis.....	48	39	87
Diarrhea (Enteritis).....	10	8	18
Dysentery.....	3	2	5
Paralysis.....	4	....	4
Hepatic Cirrhosis.....	5	1	6
Other Diseases of the Liver.....	2	2	4
Peritonitis.....	....	2	2
Convulsions, Infantile.....	....	7	7
Debility, Senile.....	18	7	25
“ Infantile.....	2	1	3
Bright's Disease (Nephritis).....	26	17	43
Other Diseases of Urinary System.....	4	2	6
Heart, Diseases of.....	23	22	45
Softening of Brain.....	1	2	3
Congestion of Brain and Apoplexy.....	8	9	17
Meningitis.....	6	1	7
Appendicitis.....	1	2	3
Gangrene.....	....	2	2
Trismus Nascentium.....	4	5	9
Injuries.....	17	13	30
Suicide.....	3	1	4
All Other Causes.....	22	12	34
TOTAL.....	270	187	457

Still-born Children—White, 27; colored, 20; total, 47.

Population of City (estimated)—White, 223,500; colored, 81,500; total, 305,000.

Death Rate per 1000 per annum for Month—White, 14.49; colored, 27.53; total, 17.98.

## METEOROLOGIC SUMMARY.

(U. S. Weather Bureau.)

Mean atmospheric pressure..... 29.95  
Mean temperature..... 79.  
Total precipitation..... 6.68 inches.  
Prevailing direction of wind, northeast.

# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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No. 6.

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## Original Articles.

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[No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. A complimentary edition of fifty reprints of his article will be furnished each contributor should he so desire. Any number of reprints may be had at reasonable rates if a WRITTEN order for the same accompany the paper.]

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### TOPOGRAPHY OF THE URETERS.

By BYRON ROBINSON, B. S., M. D., Chicago.

The ureters are located on the dorsal wall, extra-peritoneal in their entire course. Ventrally the ureters are covered by peritoneum and almost in contact with it from kidney to bladder. The whole ureter courses through a loose connective tissue bed. In a spare subject three-fourths of the ureter may be observed on the dorsal wall shimmering through the dorsal peritoneum as a white band. The relation of the pars lumbalis ureteris and the peritoneum, as well as that of the pars iliaca and pars parietalis pelvina, is very intimate. The distal and proximal ends of the ureter is not intimately related to the peritoneum but lie in beds of connective tissue and have a wide range of free motion. The dorsal surface of the ureter lies in a loose areolar bed with an extensive zone of liberal motion. The ureter shifts extensively on its dorsal bed, especially on the psoas muscle. The ureter is more mobile in the pars abdominalis than in the



pars pelvina. The distal end of the ureter is the most mobile of its segments—moving constantly with the contraction and distention of pelvic organs. The ureteral pelvis and calices on the right lie dorsal to the junction of the pars duodendi, descendens and transversum. The left ureteral pelvis and calices lie dorsal to the junction of the colon transversum and descendens. However, the relations of the ureteral calices and pelvis to the enteron and colon have a wide zone of topography. On the right side of the body the kidney and duodenum descendens are related by connective tissue. The kidney frequently, *i.e.*, the ureteral calices and pelvis, lies between the blades of the right colon, hence, when the physician wishes to know whether an enlargement in the right lumbar region is kidney or right colon, the colon is inflated by forcing air through the rectum. If the enlargement be the kidney, the colon will become distended and tympanic ventral to the kidney. It is important to know that the right kidney generally lies immediately dorsal to the right colon and that the right colon has generally no mesocolon while it passes over the ventral surface of the kidney. This anatomic fact should not be forgotten as in X-ray views of the ureteral calices and pelvis lying immediately dorsal to the right colon shadows may appear which arise from colonic fecal concretions, mineral salts. Ureteral calices, pelvis and ureter proper present a variety of topographic relations to the right colon.

On the left the colon, transversum and left, generally passes along the margin of the proximal pole and external border of the kidney. The left colon frequently lies on the kidneys. The ureteral pelvis may be adherent to the dorsal surface of the left colon by old peritonitis—a condition important in surgery of the colon and ureter.

Immediately at the beginning of the ureter it bends medianward and lies well on the psoas muscle, coursing obliquely over this muscle to the iliac segment or to its entrance in the lesser pelvis. Practically the lumbar ureteral segment lies between the dorsal peritoneum and the psoas muscle and is subject to continual movements by the contractions of the psoas. The ureter courses with the psoas distalward. However, they cross each other like the letter “x”; the psoas passing distalward and lateralward while the ureter passes distalward and medianward.

Both ureter and psoas deviate from the corporeal axis and cross each other at an acute angle. The lumbar segment of the ureter relates itself on the right with the distal ilium while on the left it appears to follow the fossa entersigmoidea. The distal end of the lumbar segment merges into the iliac segment which has important topographic relations with (*a*) the vasa iliaca, (*b*) the linea coxæ and (*c*) the sacro-iliac joint. The pelvic parietal segment, pars pelvina parietalis, on entrance in the pelvis assumes relations with the pyriformis but more especially with the musculus obturator internus. The ureter has more intimate topographic relations with the peritoneum than any other viscus. The peritoneum and ureter are connected by a limited number of fibers for the whole course except the proximal and distal extremities. The ureter will cling to the peritoneum while stripping it from the dorsal wall. The ureter executes its pelvic elbow, or *curvatura pelvina*, from the surface of the obturator in close proximity to the spina ischiadica. The topography of the ureter from the spina ischiadica to the penetration of the vesical wall and distal ureteral orifice is the most important of all ureteral segments because of (*a*) its relation to the pelvic floor segment of the utero-ovarian artery, at the distal arterio-ureteral crossing; (*b*) to the lateral border of the cervix uteri; (*c*) to the ventro-lateral vaginal fornices, and (*d*) its relation to the ventral wall.

Time and space forbid the discussion of the vesical portion of the ureter to the vesiculæ seminales. In woman there are four important topographic points in the ureter from the point where it begins to converge from the pelvic wall to the distal orifice of the ureter in the mucosa of the bladder, viz: 1. Its crossing dorsal to the arteria uterina midway between pelvic wall and cervix uteri. This I term the distal arterio-ureteral crossing. 2. The ureteral relation to the cervix uteri. It passes the lateral border of the cervix at an acute angle about two-thirds of an inch distant from it. The cervico-ureteral relations are of extremely practical importance in gynecology and obstetrics, especially in regard to the cervical loop—hysterectomy. The ureter as it courses by the cervix lies in a loose bed of cellular tissue and passes through meshes of large veins (plexus venosus cervico-vaginalis).

3. The uretero-vaginal topography is also of practical significance. The ureter is practically in contact with the latero-ventral vaginal wall for about one-half an inch. While passing by the vagina, the ureter penetrates a mesh work of large veins (plexus venosus vaginalis). When separating the bladder and ureters from the uterus the cleaving should be performed by first keeping close to the cervix and uterus; second, drawing the uterus distalward by traction forceps, and third by forcing the vagina and bladder proximalward by the use of vaginal specula. 4. The topographic relation of the ureter to the bladder wall is important in obstetrics and gynecology as in pelvic instrumentation and extraction. The ureters converge and besides pass through the vesical wall obliquely. They enter the bladder at its base or dorsal surface about one and one-half inches apart and end in the vesical mucosa about one inch separated. They transverse the vesical wall, quite independently of adjacent structure for nearly two-thirds of an inch, making a peculiar safety valve to prevent return of urine to the lumen of the ureter.

The uterus lies between the two ureters as between two converging embracing arms. The ureters bilaterally are in intimate topographic relations with the tractus genitalis. It courses along the border of the uterus at the level of the os uteri internum and along the vagina at the lateral and ventral fornices. Exact topographic relations of ureter and tractus genitalis are requisite for operative interference as the ureter has close relations to the proximal end of the vagina and distal end of the uterus. The distal ureteral orifices lie about the middle of the ventral vaginal wall, about  $1\frac{1}{2}$  inches from the os uteri externum. The ureter is protected from injury along the uterine and vaginal segments by a thick musculo-fibrous structure—the ureteral sheath which was first demonstrated by Pantiloni (1889). The ureteral sheath is so intimate with adjacent vessels that it is difficult to isolate it by dissection. In all its course the ureter lies extra-peritoneally, but especially the distal end of the ureter has widely left the intimate association with the external surface of the peritoneum to penetrate a large bed of connective tissue in which also is imbedded extensive meshwork of large veins. However, just previous to the ureter passing the base of the ligamentum latum it projects the pelvic peri-



toneum into a fold—*plicæ uretericæ*—a kind of uretero-mesenterica as shown by Hasse (1875). These uretero-peritoneal folds lie on a level with the uteri internum. Since the female tractus genitalis is not bilaterally symmetrical as well as the ureters atypical relations may be noted. The left ureter is nearer than the right to the median corporeal line, hence the left ureter will approach closer to the cervix and vagina than the right. Also some times the cervix is projected towards the left and the fundus toward the right, therefore, the most intimate relations of the ureter with the cervix and vagina exist on the left. Perhaps the ureter is one-sixth of an inch nearer to the cervix and vagina on the left than the right. In operative interventions, this topographic relation is important, especially in hysterectomy where the field is small and closely bounded by the ureter and pelvic floor segment of the arteria uterina. The intimate topographic relation of the ureter to the vaginal fornices explains the frequent ureteral fistula following pelvic operations, especially that of hysterectomy. In the irregular median convergences and divergences of the ureter from its proximal to distal end there occur important topographic relations of the ureter to vessels. I shall term these (*a*) uretero-vascular crossings; (*b*) uretero-venous triangles, and (*c*) the lateral, cervical triangle (uretero-arterio cervical triangle). Vessels cross the ureter from the median line laterward (renal ovarian segment, mesenteric, iliac) and from the lateral wall medianward (arteria uterina, vesical and vaginal). The oviducal segment of the utero-ovarian is not intimate sufficiently with the ureter to put it among the uretero-vascular crossings. The vasa renalis it may be mentioned crosses the ureteral pelvis and calices at right angles (ventral and dorsal). The arteria mesenterica inferior has most significant relations to the ureter pelvis and calices. The ureter and kidney should not be attacked surgically internal to the right or left colon, as the right or left arteria mesocolica might be severed, resulting in gangrene of the involved colon segment. It is important in renal surgery to know that the renal artery divides and clasps between its ventral and dorsal fan-like arms the ureteral pelvis and calices, hence to avoid blood vessels in nephrotomy all incision in the calices should be performed from the external

lateral border, also the incision in the kidney should be dorsal to the middle external border of the kidney—at the line of anastomoses of the ventral and dorsal renal vascular branches. (Hyrtil's exsanguinated renal zone.) This knowledge transmitted to us by the industry of Hyrtl demonstrates that the kidney has a double circulation, and that incision of the kidney surface, dorsal to the middle of its lateral border is accompanied by practically capillary hemorrhage only. The ventral crossing of the ureter by the vasa ovarica occurs, mainly, between the distal renal pole and vasa iliaca; this is the proximal arterio-ureteral crossing or the apex of the uretero-venous triangle of the author. In splanchnoptosis (nephroptosis) the course of the ureter is altered and the uretero-venous triangles are distorted. The crossing of the vasa iliaca by the ureter—the middle arteria ureteral crossing—is of much importance in the course of the ureter as here its ventralward projection by the vasa iliaca forces it the closest to the ventral abdominal wall where palpation may be practiced. The ureter crosses ventral to the vasa iliaca at an acute angle with them. Observe that the middle arterio-ureteral crossing is the reverse of arterio-ureteral crossing of the arteria uterina ovarica as the ureter passes ventral to the vasa iliaca and dorsal to the ovarian segment of the arteria uterina ovarica. In the distalward movements of the Wolffian body the aorta being fixed to the dorsal wall the Wolffian body was compelled to glide ventral to the iliaca in order to gain the lesser pelvis. The general rule is that the right ureter passes ventral to the right external and internal iliaca while the left ureter passes ventral to the left common iliac.

The most important topographic relations of the ureter is where it passes dorsal, crosses the pelvic floor segment of the arteria uterina. I have termed this the distal arterio-ureteral crossing or, as Dr. Lucy Waite noted it, the grand pelvic crossing. The importance of the distal arterio-ureteral crossing lies in the intimate relations of the ureter to the arteria ureterica and the danger of injury to the ureter during hysterectomy. The course of the ureter is occasionally parallel with vessels as the aorta, the arteria uterina, the internal iliac and a short distance with the vaginals. It courses parallel and sometimes in contact

with the vena cava. In the topography of the ureter an important point is its middle as regards the external surface of the body. If one takes the midpoint of a line drawn from the xiphoid process to the proximal border of the symphysis pubis and then passes laterally  $1\frac{1}{2}$  inches it will be about the midpoint of the ureter. Also a line erected at the junction of the internal and middle thirds of the ligamentum inguinale it will fall on the main course of the ureter. The most important topographic points of the ureter are: (1) The neck situated near the distal renal pole. A slight torsion or kinking of the neck will induce hydro-nephrosis; calculi lodge here. (2) An important topography of the ureter is where it bends over the vas ailiaca, the ileo-pectinea, to pass into the pelvis. If a line be drawn from one anterior superior iliac spine to the other and divided into thirds the dividing points will correspond to the point of ureteral entrance into the pelvis. Palpation should be performed on the ureter at its flexura marginalis, or as I term it, at the flexura iliaca. (3) A significant topographic ureteral point for palpation is where it passes between vagina and bladder—*i. e.*, at the junction of the proximal with the middle third of the vagina. (4) Of all topographic ureteral relations the point where it crosses dorsal to the arteria uterina is the one of most importance. It is the grand pelvic crossing and the most important pelvic surgical landmark. I have termed it the distal arterio-ureteral crossing. It lies midway between the lateral cervical border and pelvic wall. It lies on a level with the os uteri internum. It is a pelvic fixum punctum, yet may be forced laterally with its adjacent tissue. It is located on a line with the pelvic floor segment of the arteria uterina ovarica about  $1\frac{1}{2}$  inches from the lateral cervical border and  $1\frac{1}{2}$  inches from the pelvic osseous wall; also  $1\frac{1}{2}$  inches from the bladder wall. In the topography of the ureter one must consider its curves or flexures for they possess significant diagnostic and surgical indications. The ureter has three flexures or curves: (a) proximal—flexura renalis ureteris; (b) middle—flexura iliaca ureteris; (c) distal—flexura pelvina ureteris. The proximal curve, flexure or neck, is intimately related from its narrow isthmus, lumen, to hydronephrosis from torsion, kink and lodgment of calculus. It is exposed from the lumbar route extra-peritoneally with



facility for palpation, inspection and repair from ample adjacent ureteral lumen and wall.

The middle curve or flexure is intimately associated with the lodgment of calculus. It is exposed from the lumbar route extra-peritoneally with facility for palpation and inspection, but is difficult of repair on account of its narrow isthmus or lumen and limited ureteral wall..

The distal curve or flexure is intimately associated with important and frequent surgical interventions of the pelvic organs (rectum, bladder, tractus genitalis); except at the distal extremity it is difficult to expose for palpation and inspection, and must be performed intra-peritoneally. Repair is difficult from lack of ureteral lumen and ample wall.

Ureteral surgery has two characteristics, viz: rarity and consequent unskillfulness.

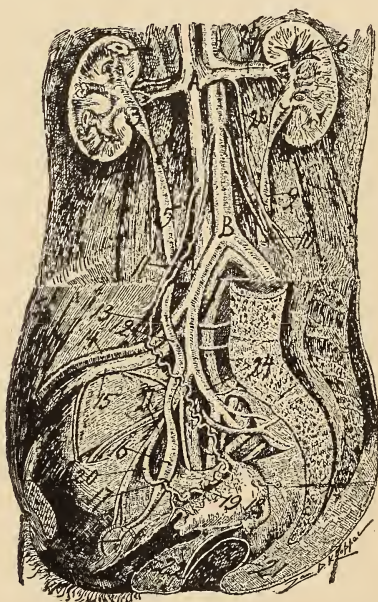


Figure 1.—Topography of Ureter and Blood Vessels of Lateral Pelvic Wall and Anterior Abdominal Wall.

Figure 1. The cut illustrates the relations of the ureter and the spiral segment of the genital circle. The upper portion of

the cut represents a front view while the under part of the cut represents a side view. It shows the proximal (11), middle (iliac) and distal (17) arterio-ureteral crossing. The spindle shape and curves of the ureters are shown. In this drawing a suggestion from Holl is employed. The genital circle and the ureter are shown in their relation: 1, kidney; 3 and 7, ureteral pelvis; 4 and 8, proximal ureteral isthmus; 5 and 9, proximal ureteral spindle; 6, ureteral calices; 10 and 11, proximal arterio-ureteral crossing; 12, middle arterio-ureteral crossing; 13, ovarian segment; 14 and 15, external iliac vessels; 16, pelvic ureteral spindle; 17, distal arterio-ureteral crossing; 18, left oviduct; 19, uterus; 20, pelvic segment of uterine artery divided by the ureter; 22, vagina; 23, ureteral orificial slit opening into bladder; 24, posterior branch of internal iliac; 25, renal vein receiving the ovarian vein; 26, 9, 26, 25, 7, uretero-venous triangle.

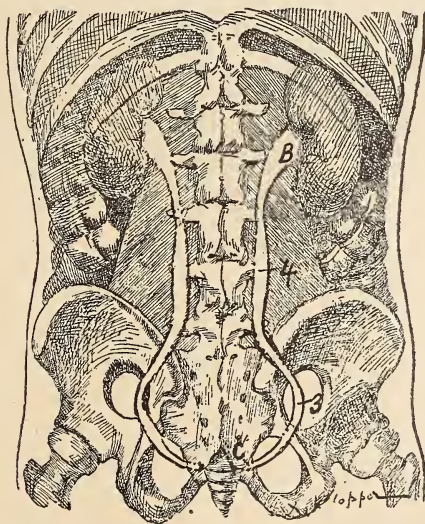


Figure 2.—Course of the Ureters in Relation to the Osseous Skeleton Dorsal View.

Figure 2. A posterior view of the location of the ureters which lie anterior to the transverse processes of the second, third, fourth and fifth lumbar vertebrae. Note the lateral and antero-posterior curves of the ureter as well as the three con-

strictions, sphincters and three dilatations, ureteral reservoirs. This cut illustrates the skeletologic relations of the ureters.

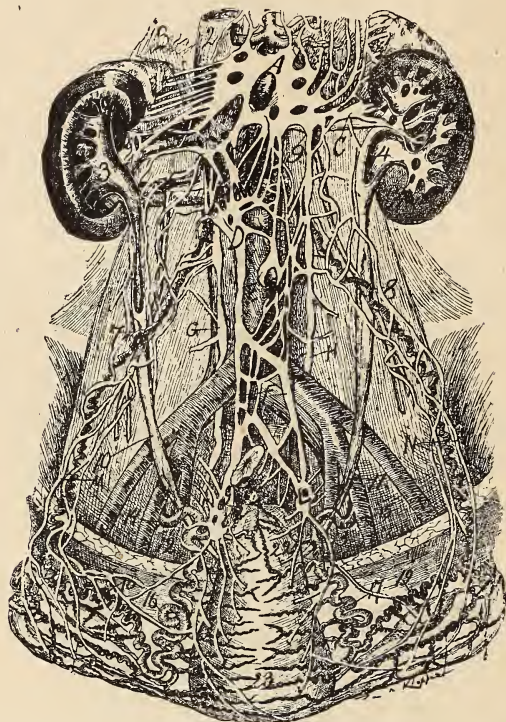


Figure 3.—The Circle of Byron Robinson (With Sympathetic Nerve.)

Figure 3. (Author). Subject, about 49. I carefully dissected both sides, drew the vessels in accurate relations, and Mr. Klopper finished the drawing from the model. The ureters were distended with air through the vesical opening showing a proximal and distal spindle: 1, vena cava; 2, aorta; 3 and 4, ureteral pelvis; 5, exit of right ovarian vein; 6, origin of ovarian artery (both from accessory renals); and 8, proximal arterio-ureteral crossing with 7; this is the apex of the author's uretero-venous triangles; 9, exit of left ovarian vein; 10, ureter crossing external iliac (this point I shall term the median arterio-ureteral crossing or *flexura iliaca-ureteris*); 11, ureter crossing internal iliac; 12 and 13, distal arterio-ureteral crossing; 14 and 15, origin of uterine artery; 16 and 17, uterine segment; 18 and 19, ovarian branch; 20 and 21, oviducal branch



of oviduct segment; 22, cervix points to cervico-vaginal artery; 23, fundus among the rami fundi.

SYMPATHETIC NERVE.—*A*, abdominal brain; *B*, adrenal nerves; *C*, renal ganglia; *D*, renal and ovarian ganglion; *E*, ganglion around inferior hypogastric plexus passing into pelvis; *F*, mesenteric artery; *G* and *H*, lateral lumbar ganglia; *M* and *N*, nerves of about the ovarian segment of the genital circle.

6, 7, 20 and 14 right, while 15, 17 (19 and 20), 8 to origin of ovarian artery constitutes the spural segment of the genital circle.

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WHAT SHOULD BE DONE TO SPREAD A BETTER KNOWLEDGE  
OF SKIN DISEASES, AND THEREBY REDUCE TO A MINI-  
MUM THE ERRORS IN DIAGNOSIS.\*

By J. N. ROUSSELL, M. D., Dermatologist of the Touro Infirmary, New Orleans.

The worthy chairman of the section on skin diseases has chosen a subject of very great importance for discussion to-day. The diagnosis of any disease is, by far, more important to us than either its etiology, pathology or treatment. Of course, the patients are more interested in the treatment, but any physician can treat a given condition, because the "therapeutic code" directs what shall be done in this or that disease, and how it shall be done to obtain the best results.

But I find the subject in question one hard to talk upon, so I have concluded to talk around it, and, accordingly, I beg for your indulgence.

As a general proposition, it is safe to assert, that when beginning a search for anything, we must, at least, have a fair idea of the general appearance of that for which we seek.

To make even a tentative diagnosis of a skin lesion requires the tacit or overt assertion that it is, or is not, of a certain nature, and, to be possessed of the ability to make such an assertion, in turn requires that one shall have a fairly accurate knowledge of the physical and other characteristics of the object, the nature of which he seeks to establish.

By this I mean to convey that, as a general proposition, we are not warranted in assuming that anyone, however well versed

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\* Read at Shreveport meeting Louisiana State Medical Society, June 1, 1902.

he may be on other subjects, would be likely to recognize a skin lesion that he has not seen, at least, once before, for the simple reason, that every step in reasoning implies that the object of which anything is predicated, is always classed, or brought into line with objects previously known. Hence, one who believes, and has not seen, is cultivating the very dangerous art of "puzzling himself methodically", so to speak, and the result is a suicidal conflict over a criterion that is wanting.

As an abstract philosophical proposition, a criterion is an absolute necessity. "The realistic conception is always prior in order of time, and the idealistic conception cannot be framed in its absence." From this logically follows the fact that we must have, at least, a general book knowledge of the diseases, and that we shall have had a visual impression of them, at least, one time, before we are in the position to make a correct, or even tentative diagnosis.

By a general book knowledge, I mean an acquaintance with their symptomatology, mode of formation, distribution and classification, which subserves the dual purposes, more or less distinct, of facilitating identification and organizing our knowledge.

This grouping of the like and separation of the unlike, which constitutes classification, has been going on in dermatology from very early times, and the end is not yet, for it can reach its complete form only by very slow steps. Early ideas are not usually true ideas, hence, all of the systems of classification so far devised are sadly wanting in many respects, but the history of every science furnishes us with abundant proof that nearly all, if not all, of the early ideas were wrong.

Some wag classified skin diseases into those that mercury would cure, those that sulphur would cure, and finally, into those that the Devil could not cure. And while there may be more in what he says than would appear on a casual perusal of it, I am firmly of the opinion that just such remarks coming from various sources serve unconsciously to retard progress in this branch.

It is remarkable how little is required to influence the average mind for or against a thing, and ideas that arise, thus, unconsciously, sometimes take possession of us, and, in spite of our-

selves, we become the pitiful victims of fixed ideas—a condition dangerous in many respects.

Physicians who have no knowledge of skin diseases, can be divided into two classes: (1) Those who acknowledge their ignorance, and (2) those who do not. The former are wise; the latter, foolish, and are usually responsible for the erroneous diagnoses, such as Dr. Dyer has mentioned, because, as a rule, the wise man, to use a common expression, “says nothing and saws wood.”

To confuse such a commonplace disease as Indian fire with small-pox, ringworm with syphilis, eczema with sweat-gland affections, pemphigus with pompholix, and so on, “*ad infinitum*,” are the daily errors of these misguided men who belong to that class of blind people who will not see.

Now for the good of the profession in general, and the dermatologists in particular, and, last but not least, for the good of the public—the confiding and deluded public—these men should be shown the error of their way, be induced to walk in the trail of the light, if not ahead of it.

How this is to be done, is yet to be determined, but I believe that there should be more discussions at society meetings with the patients present, because, as I said before, the condition must be seen for its future recognition, and, for the purpose of spreading a book knowledge of the diseases, the medical journals should contain didactic articles on the various diseases, because it is a notable fact that the average man would rather read an article at random from the pen of possibly someone he knows than to invade the stereotyped pages of a standard textbook by professor so and so.

It is comparatively rare to find an article on a skin disease in a journal devoted to general medicine, and as the average medical man does not subscribe to the special journals, and has no time to delve into books, he loses sight of the subject entirely, and, when a case is presented for diagnosis, like the inimitable Foxy Quiller, “he takes to the tall grass”—he calls it eczema, and the patient gets zinc ointment, when, the chances are, a lotion would be infinitely better.

There is nothing mysterious in the diagnosis of any skin disease, as some are disposed to think. As a rule, the diagnosis is written in the clouds, so to speak, so that “he who runs may



read," but we must not get in the habit of running, lest we fail to read correctly.

But while this is so in a general way, we must not forget that skin diseases, the flora of the body, like that of the land and sea, present variations more or less marked according to the varying influences under which they grow. "Perhaps the most familiar induction of biology is that organisms grow," and it is an equally familiar fact that they present very marked variations under varying conditions, in spite of their strong natural tendency towards the reproduction of their kind.

Variations must occur in the growth and development of diseases, and the causes are either intrinsic or extrinsic. If intrinsic, they are most probably dependent upon the diathesis and cachexiæ—in which case the soil is bad; if extrinsic, they are likely to be due to anything at all, but most probably to climatic and local conditions, the most prominent of which being the variations of temperature and moisture, and the injudicious use of remedies, in this case the conditions are bad. To my mind, it is not material, for purposes of diagnosis, which exerts the most influence, but it is quite necessary, for accurate diagnostic work, that we acquaint ourselves thoroughly with all the variations induced by the varying influences, whether they be of a macroscopic or microscopic nature.

I had serious misgivings when I began this paper as to the possibility of arranging the matter that floated about my brain, in a form that would convey to others any precise opinions on the importance of the diagnosis of skin diseases. This misgiving is much intensified by a perusal of what I have written. I am conscious that I have advanced but little, which every gentleman present knows as well as I do. But I have endeavored to keep in view the importance of the diagnosis of skin diseases, in general, without dragging in tiresome relations of cases in point.

This, I believe, is best accomplished by calling attention to the obstacles that make the subject obscure and uninviting, and it is this which I have attempted to do.

## CIRCUMCISION FOR CHANCROID AND OTHER CAUSES.\*

By P. L. BELLENGER, M. D., Waterproof, La.

In presenting this paper to the Society, I fully realize that it conflicts with the more modern methods; but, being sustained in my views by the most gratifying results in its application to the afflicted, I do not hesitate to lay it before you. The larger portion of my venereal cases are among the negro race, and knowing, as you all do, the filth and dirt in which they live, and their utter and total disregard for all the laws of hygiene, it is small wonder that these cases are seldom presented to you until they are in such a deplorable condition as to be a burden to themselves as well as others.

The primary sore is too often overlooked until it has inflamed the foreskin and caused much edema, with its consequent phimosis, causing in turn retention of pus with absorption by the lymphatics and resulting buboes. Then we are generally called upon to render our services, and for many years I tried, with washes and powders, leeches and injections, but to my utter disgust they nearly all remained the same, even after weeks of faithful effort. I first undertook operative measures in the treatment of these cases in 1896, when there was presented to me a colored individual of some seventy summers, and a typical type of the above, who had been treated for some three weeks by others without results. I proposed an operation, and he at once accepted. The technic alone I claim, which I will describe. It was necessary to remove the entire foreskin and in order to do this with as little trouble as possible and with completeness, it was necessary to employ other methods than those laid down.

I introduced a grooved director between the prepuce and corona glandis on its upper side, pushing it back to the base. After ligating penis at its beginning I introduced my hypodermic, about midway the grooved director, loaded with a 2 per cent. solution of cocain, passed the needle as far towards the end as it would reach and slowly injected the solution. Without removing it from its original entrance I turned it and pointed the needle upward, injecting the other half, thus making only one introduction with the needle, which at times amounts to a very

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\* Read by title at the meeting of the Louisiana State Medical Society, June, 1902.

great deal. In a few minutes the prepared line was ready for the knife, which was pushed back to the end of the grooved director, forced through the mucous membrane and skin, cutting out to the end. This then bared the entire head of the penis, with its chancre which was then treated by a thorough washing, light curettage and pure carbolic acid, after which I continued the operation. Cocain was again injected, this time around the corona, and both mucous membrane and integument were removed, *in toto*, leaving no trimming to be done. The introduction of the solution completed the operation, leaving out to full view the offending chancre, which then could be cared for and prevented from doing further damage.

This, my first case, resulted in such speedy cure without complications that I was induced to try its virtues many times, until the number now reaches over two hundred (including all causes), and I have yet to regret any one. Some may consider this form of treatment unsurgical for fear of a spread of infection to the time of incision, but this is a rare occurrence if one is careful, and even it is better to have a large open chancre than one hidden from view and rapidly growing. In treating gonorrhea, when by retention of pus and so forth edema and phimosis result, I immediately operate, and always with the best results.

In treating herpes I have found its application invaluable—in fact, the only means in my hands that even promised temporary relief.

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## TWO HUNDRED ACCIDENTAL INJURIES.\*

By R. W. SEAY, M. D., New Orleans.

The accompanying table shows that in 200 accidental injuries, most of which occurred in persons working at and during the recent construction of an elevator of 1,000,000 bushels capacity at the terminus at Westwego, La., and an elevator of the Y. & M. V. R. R., terminus in this city, of 1,500,000 bushels capacity, that more men than minors were injured, more married than single men, more white than colored men; that the right side received more injuries than the left; the left side more than the body. There were more contusions than incised wounds, punctured wounds, and sprains added together, and these three

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\* Read by title at the meeting of the Louisiana State Medical Society, Shreveport, June, 1902.



occurred in decreasing numbers as named. Only two persons died. One of these fell about seventy feet on a pile of lumber, and lived about fifteen minutes afterwards. The other had heavy timber to fall on him, almost severing the right arm from the body, striking the head, tearing the scalp, producing cerebral congestion, internal injuries and death in about ninety minutes.

*Treatment of Contused Wounds*—103 cases. Where the skin was broken I used compound soap liniment, in most cases, but where the flesh was torn, after antiseptically washing, I used a liniment of equal parts of liquor plumbi subacetatis and glycerin, if a small surface were injured, or these diluted, if a large surface, sufficiently to prevent any toxic effect.

*Treatment of Incised Wounds*—44 cases. All of these healed without suppuration except two. One colored patient received an incised wound in forehead, requiring two sutures, and immediately after having it dressed, went to work in the sun, and the third day afterwards suppuration set in, requiring abscess to be opened, the wound washed and a drainage tube inserted. He recovered a few days later. A white man, 60 years old, had a piece of wood 2x6 inches, about ten feet long, to fall on the left side of the head, from about thirty-five feet above him. I washed wound with antiseptics, shaved the scalp, removed all the hair and foreign substances I could find, and united with silk ligatures. The wound seemed to progress well at first, but on the third day suppuration was found to exist, the abscess was opened, the wound washed out with bichloride of mercury sol. and a drainage tube inserted. After several weeks of cleansing, twice or three times a day, the discharge ceased, fever and pain left and the patient thought he would return to work. But suppuration returned, erysipelas attacked him, fever was present and necrosis. On January 14, 1902, assisted by Dr. Wm. G. Armstrong, of this city, I anesthetized with chloroform, enlarged the opening by two incisions at an obtuse angle and curetted the skull for a circular space about three inches in diameter, applied bismuth to wound, dressed antiseptically, etc. A few hours later I returned and he was sitting up in bed enjoying his coffee. It gives me pleasure to state, while I was surprised, that he had neither fever or pain after the day of the operation. Over the original site of the wound, and where I had inserted the drainage tube, there was an absence of skin,

and the skull, for a space the size of a silver quarter, was visible form any weeks, when I dusted the surrounding tissue with burnt alum and in a few days the tissues approximated, a new cuticle formed, and the man was well. Sixty days have since elapsed and he is still in perfect health.

*Treatment of Punctured Wounds*—31 cases. Twenty-six of these were punctures of the foot. All recovered. Two gave much trouble, but the others very little. The only case that gave me much trouble was due, I think, to neglect of the patient to use his medicine, and to daily move the limb, as directed, sufficiently to prevent congestion and keep up a proper circulation. He recovered after six weeks of pain and a stiffened limb. I used for punctures, after trying to dilate the wound enough to allow some flow from it and admit of drainage, locally, spirits of turpentine or Venice turpentine, then a piece of fat bacon. Compound soap liniment, camphor liniment, and iodine were used as indications suggested.

*Treatment of Sprains*—22 cases. Compound soap liniment, camphor liniment, glycerin and liquor plumbi subacetatis, were local remedies. The application of a silicate of sodium bandage gave frequent relief and added to the patient's comfort. All cases recovered that were not in articulo mortis, just after the accident.

TABLE OF 200 ACCIDENTAL INJURIES.

<i>Nature of wounds.</i>			
Contused.....	103	White .....	123
Incised.....	44	Colored.....	77
Punctured.....	31		200
Sprains.....	22		
	200	Men.....	185
		Minors.....	15
			200
Complicated.....	16		
Simple.....	184	Married.....	119
	200	Single.....	81
			200
Right side.....	79		
Left side.....	71		
Body.....	50		
Not Recorded.....	24		

## Clinical Reports.

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### A CASE OF GUNSHOT WOUND OF THE ABDOMEN WITH REMARKS.

W. E. PARKER, M. D., Hot Springs, Ark. (formerly of New Orleans).

The case that I report was seen in consultation with Drs. A. J. Smith and Dixie Foster, of Franklin, La., and the successful termination of it is largely due to them and to the careful trained nursing.

On December 26, 1900, I was summoned to Franklin to see Mr. D. S., a deputy sheriff, who had been shot the day before while making an arrest. On examination I found that thirty-six hours before he had received a wound from a 38-calibre pistol, the bullet entering just beneath the left scapula but not coming out. His temperature was  $102\frac{4}{5}$  deg., pulse 130 and respiration 38; abdomen tense; and he was suffering considerably from nausea. Pain all over abdomen, but specially marked over the descending colon. He was very restless. Although asked to come prepared to operate if I thought advisable, we decided, for reasons given below, that an operation would not help him. In fact, I believed him to be on the verge of a general peritonitis. We decided to give him morphin sulph., gr.  $\frac{1}{4}$ , atropin sulph., gr.  $\frac{1}{120}$ , strychnin sulph., gr.  $\frac{1}{40}$  and digitalin, gr.  $\frac{1}{100}$ , every three hours by hypodermic and applied an ice bag to his abdomen, especially over the descending colon. The report next morning showed temperature  $102\frac{2}{5}$  deg., pulse 124, respiration 28. The report of January 27 showed that he did not vomit after 6 A. M., and he slept two hours during the day. His afternoon temperature reached 103 deg., pulse 124, respiration 28. January 28, morning report: had a restless night and suffered from nausea. Temperature  $101\frac{3}{5}$  deg., pulse 120, respiration 24. Condition practically the same in the evening. Complained of pain over descending colon. His condition seemed to be very good on the 29th and 30th, except that he complained a good deal of nausea. His distention had markedly diminished, but there was a mass on the left side around the descending colon. I advised broken doses of calomel. Before leaving



New Orleans on the 31st, Dr. Smith told me over the telephone that his condition was very satisfactory and I was inclined to think that it would be a useless trip, but the family wanted me to come. When I reached Franklin to my surprise I was told by the driver that he was dying. On reaching his room I found that he had had six large stools of clotted blood and was much prostrated as a result of the exertion. His temperature was normal, pulse 120, respiration 20. As there was some doubt as to whether or not there had been fresh blood in one of the stools, we decided to give him teaspoonful doses of the cream of bismuth every three hours, and to continue the stimulation. From this time his recovery was uneventful, and he now enjoys his usual good health; although the stools were not examined for the bullet, there can be no doubt of internal injury. Although I have in no way changed in my belief that cases of gunshot wound of the abdomen offer a better percentage of recoveries if operated upon within a reasonable time, I am firmly of the opinion that nothing is gained by operating on cases seen fourteen hours or more after injury. I say fourteen hours, because, in a former paper on this subject, such cases were called the late cases; another thought in connection with these cases is that it is not necessary and not wise to attempt to nourish them before the fourth day, and then it should be done most cautiously. I am indebted to Miss Anderson, the nurse in charge, for the notes from which this case is reported.

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CHRONIC VARICOCELE, SUPERINDUCING PRONOUNCED  
HYPOCHONDRIAC SYMPTOMS — EXCISION — (HOWSE-  
BENNETT-PARKER METHOD).

By BURDETT ATKINSON TERRETT, M. D., Natchitoches, La.

PRELIMINARY OBSERVATIONS.\*

ANAMNESIS.—James M., white, aged 40, native of Louisiana and a farmer. Has been married fifteen years, has three healthy children, the eldest 14 years old. Says he has always enjoyed excellent health, never was sick until about two years ago when his present trouble began to annoy him. Attention was first attracted to the enlargement in the scrotum on the left side, after a hard day's labor in 1896, and there was some heavi-

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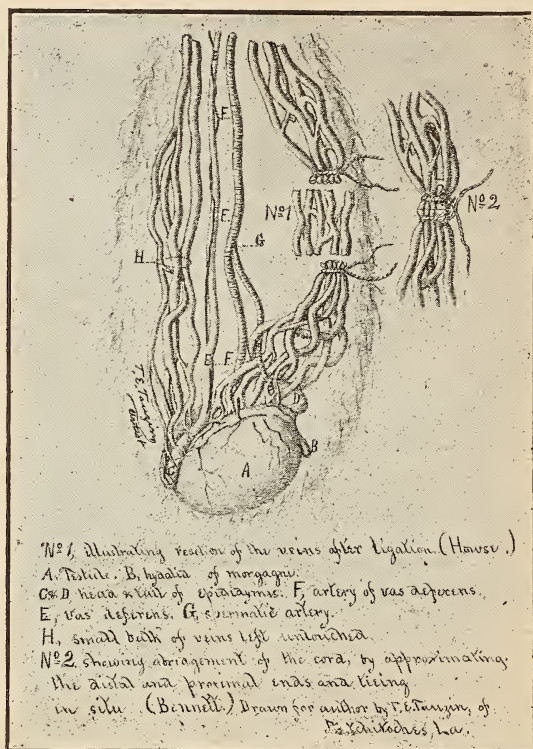
\*Read at Shreveport Meeting Louisiana State Medical Society, June, 1902.

ness and dragging in the part. For several months the enlargement remained unchanged, but in about a year he observed an augmentation, and, in conjunction, he, for the first time, began to suffer from a pronounced painfully dragging sensation extending up the groin, particularly after a laborious day, always exaggerated during warm weather—while occasional pains in the testicle proper and in the back—would coincidentally appear. Becoming apprehensive he consulted a physician, who told him he was suffering from a pronounced varicocele, and advised a well fitting suspensory. Immediate benefit accrued and patient began to felicitate himself upon an early and permanent cure, but finding after continuous usage for several months, no curative effect, he began to develop morbid impressions—imagining that he would become impotent, which inference was materially heightened by the perusal of quack advertisements touching upon this malady. The physical change with its concomitant mental depression overwhelmed the patient, demoralizing him for his work, and in two years undermining his constitution so as to reduce him from a vigorous man of 175 pounds to a nervous individual of 140; he took to morphin (from 2 to 3 grains in twenty-four hours during the last six months) for insomnia and severe pains in the testicle and groin. Meanwhile his sexual appetite was well nigh abolished, serving to verify his suspicion of ultimate impotency.

PHYSICAL EXAMINATION.—Patient is tall, slender and highly neurotic. Evinces great despondency. Thinks his trouble incurable, and indubitably exaggerates his physical suffering. Examination of his heart and lungs disclose nothing abnormal. Investigation of his nervous system gives negative results, and, except for the mental aberration and the varicocele, nothing abnormal can be detected. Urine contains an excess of phosphates, and microscopic returns were negative. There is an exceedingly large pyriform mass of dilated veins in the scrotum, on the left side, above the testicle, which gave the characteristic doughy touch and resemblance to “a bag of earth worms,” and which caused the testicle to descend nearly a half decimeter below its fellow. Marked attenuation of the scrotal sac was evident. Chronic constipation had been developed by the morphin habit, and this accentuated the venous distention. Several eczematous patches were scattered over the scrotum

and along the groin, which occasioned, at times, intractable itching. The left testicle was undergoing slight atrophic change.

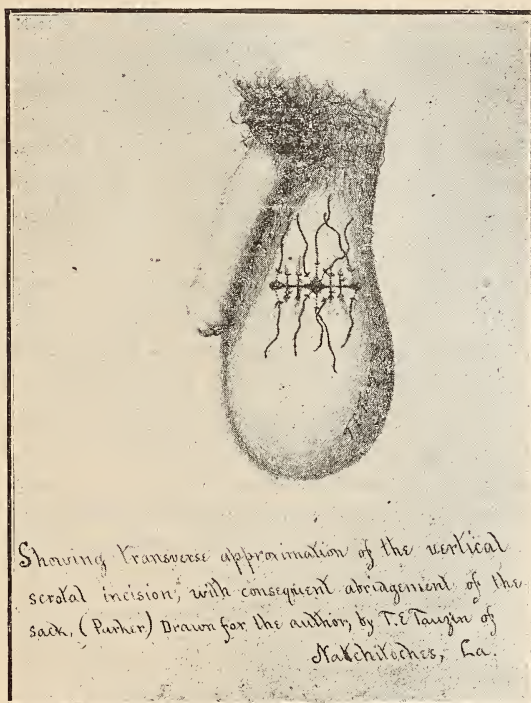
Being apprehensive of surgical interference, we persuaded him, with difficulty, to allow a radical operation.



**OPERATION.**—It was decided to perform the combined method of Howse-Bennett and Parker by incising the scrotum, exposing the cord, isolating the spermatic artery and vas deferens, ligating the veins above and below, then excising the intervening tissue (Howse, see Fig. 2), and bringing the ends in apposition by suture (Bennett, see Fig. 2), and finally to curtail the lax and redundant scrotal tissue by approximating the cut in a transverse line (Parker, see Fig. 3), thus (1) eradicating the primary venous distension and (2) bring about an abridgment of the cord and scrotum. Owing to the psychic change, it was thought necessary to resort to general anesthesia because (1) he would scarcely remain quiet during the application of a local



analgesic, (2) the effect of general anesthesia might impress him more with the importance of the operation.



The suggestion was rejected by the patient, who would submit only to a local measure. The latter was accordingly resorted to, and solutions of one-fifth of 1 per cent. and 1 per cent. cocain were employed. The skin and underlying structure were infiltrated with 4 c.c. of a one-fifth of 1 per cent. solution over the enlargement, extending vertically nearly a decimeter. An incision corresponding to the area of edematization was made, the cord was carefully approached, and finally moved into the scrotal incision. The cord-like vas deferens and the pulsating spermatic artery were carefully isolated and a Reverdin needle, armed with a double catgut ligature was insinuated between the veins and the vas deferens and spermatic artery. The ligatures were separated half a decimeter and the upper one tied first. Prior to tightening the ligatures, the cord was infiltrated with 1 c.c. of a 1 per cent. solution of cocain about two centimeters

above. Excision of the intervening tissue was practiced, the venous stumps were approximated by utilizing the uncut ends of the ligatures. The cutaneous incision was coaptated transversely by interrupted silk worm and the usual dressing with a suspensory was applied. The wound healed *per primam*, except for the central suture which cut through, as invariably occurs in this method because of constant traction at the central point.

Patient was kept in bed for three weeks to break him, if possible, from the morphin habit. Heroin, gr.  $\frac{1}{10}$ , was given as a substitute; later this was supplanted by sulfonal, gr. 10, *p. r. n.*, while strychnin, gr.  $\frac{1}{30}$ , was given three times a day. At the end of the third week 15 grains of sulfonal were enough to secure rest at night. When discharged patient had overcome the habit, and a month later, every sign of recovery was evident. He was in excellent spirits, looking stronger, had gained flesh and assured me of a restoration of normal conjugal relations.

REMARKS.—There are features of the above case which reflect special points of interest, to-wit:

(a) Varicocele occurring apparently spontaneously late in life\* in one married fifteen years, and the father of three children before the event of the varicocele.

(b) Profound hypochondriac symptoms supervening, which were no doubt initiated, exaggerated by quack advertisements and literature.

(c) Undermining of the mental status, sufficient to induce morphinism, which occurred six months prior to operation.

(d) Excision of the affected part, which subsequently brought about a restoration of mental equilibrium.

(e) Abolition of morphin habit.

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\*Keyes (Genito-Urinary Diseases with Syphilis, page 450) says that "the affection rarely commences after 25."

## Christmas.

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The World awakes; oh, hear the chimes,  
In joyous peals, for Christmas day.  
The bells ring out the merry rhymes  
And all the world repeats the lay.

Peace is the prayer, good will the song;  
Good will to all; to all, the tune  
Which rings from out the golden tongue  
And bids the world to sweet commune.

The shadows fall with coming night;  
The day far spent now soon is gone.  
But ever bright, a sparkling light  
Keeps watch until the break of dawn.

Then chimes of Christmas day ring on,  
Your message ever loudly call.  
Too soon, alas, the day is done  
Where hearts are sore and sad tears fall.

—Isadore Dyer.



# N. O. Medical and Surgical Journal

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## Editorial Department.

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CHAS. CHASSAIGNAC, M. D.

ISADORE DYER, M. D.

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### NEW ORLEANS IN MAY.

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“ Into thy sapphire waves, fair Pontchartrain,  
Slow sinks the setting sun; the distant sail,  
On far horizon's edge, glides hushed and pale,  
Like some escaping spirit o'er the main.  
The sea gull soars, then tastes thy wave again;  
The bearded forests on thy sandy shore  
In silence stand, e'en as they stood of yore,  
While yet the red-man held his savage reign.”

—Townsend.

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The blushing Spring bears witness to the tranquil season, when the iris flecks the fallow fields in tones of gray and brown and blue, and where the dogwood beckons in the swampland and clovers whiten roadsides with their fragrant bloom.

The magnolia blossoms to the tune of twittering birds, while roses and the jasmines, fresias, columbine and the mellow orange flowers make the May time sweetest of the year.

The balmy nights are redolent with odors of Nature's fruitful promise; too soon for broods of festive culex, or of gnat; while toothsome fish and fowl are plentiful.

May is the month of New Orleans' months.

When the sun shines with glory and with fended ray; when starlight seems brighter, because the nights are less marked by clouds; when the dew is early and the showers have grown less frequent in a cloudless sky.

The days grow longer in the May time and twilight halts, slow to speed the passing day; from out the open windows float

upon the willing air the sounds of home. This is the season. And while the time or day are not of our choosing, we, of the medical guild, are glad to say to the members of the American Medical Association, brothers in the art, come in May!

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The interest in New Orleans has always rested upon its essential difference from other metropolitan cities. Some one has remarked that there were but three cities of the United States with peculiar characteristics — Boston, New York and New Orleans.

To the ordinary individual, New Orleans is chiefly notable for its Carnival and French Opera, but in reality it is especially notable for the spirit which created the Carnival and which has ever maintained the French Opera. Everywhere this is in evidence—from the old Cabildo, with its time-worn picturesqueness, the French market, with its polyglot camaraderie, the levee and the cemeteries, all and each marked with the stamp of essential local color.

The parti-colored headgear of the negro mammy, whose every air shows her Spanish and French progenitors; the street cries in the early morning and the Gallic games of children in the evening as they sing and group on sidewalks—all are our own.

The music instinct stands out even in the hurdy gurdy, whose proprietor knows too well that in the old French quarter there must be little ragtime—and so you stop in some wonder listening to the airs of *Trouvère*, *Pagliaci* or *Manon*—some only presented for the first time at the opera the season before.

The flash of a passing bit of femininity on the thoroughfare shows you a style in home dressmaking which has ever been a model to those who affect the Paris modes.

Gastronomics are New Orleans' strong point, and at all times; true the papabotte has its season, as is so with the teal duck, but in May we have the excellent river shrimp and the ter-rapin which the Washington dictum has placed on equality with the Maryland variety.

We are modest in our Crescent City—and for style we have only our heart as a guide. This must have found lodgment now and then, for conventions seem more and more to find their way to New Orleans. Southern doctors get there once in a while,

and they bear witness that once you have tasted the Mississippi you are enchanted and must return. At this early day, among the dreams of events and in planning, we are full of hope that here and there, if not everywhere, some of the seed of desire may find a fruitful spot in the mind and heart of those farther away who may want to taste the Mississippi and borrow some of the traditional enchantment.

“ Shrill over dark blue Pontchartrain  
It comes and goes, the weird refrain,  
*Wanga! Wanga!*

“ The trackless swamp is quick with cries  
Of noisome things that dip and rise  
On night-grown wings; and in the deep  
Dark pools the monstrous forms, that sleep  
Inert by day, uplift their heads.”

—*Davis.*

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#### THE MEDICAL CLASS OF TULANE.

Up to November 25, the number of matriculates in the Medical Department of Tulane University was 392; as students usually continue coming in until the end of the year, it is fair to estimate that the class of 1902-3 will number over four hundred, or nearly as many as that of last year, which was one of the largest in the history of the department.

We are doubly pleased at this showing: it is an evidence of success which must prove gratifying to all the friends of the University, and, what is to us of great significance, it is prosperity in the face of increased requirements for admission and for graduation.

It had been feared by the respected Dean that quite a falling off would follow the establishment of the four years' course, but it is evident that if there is any it will be quite slight, and, in our opinion, only for a short time.

We firmly believe that every progressive stride made by the college will increase not only its reputation but its revenue. We are fully convinced that even for financial results alone it should be the aim of Tulane not only to remain the best medical college in the South, but to become the peer of any in any country.

New Orleans is already a large medical centre. It possesses one of the largest and best hospitals in the United States. With increased commerce and larger population its advantages can



only become greater. Once its college is on a par with the best, the mildness of its climate is bound to attract many from our colder latitudes and its location is sure to bring others from those to the south of us.

An evidence of these possibilities is furnished by the post-graduate school here, the Polyclinic, which has already enrolled matriculates from as far north as New York, as far west as Minnesota, and from Mexico, although its rates are higher than those of many competitors.

We predict that, with the continuance of a progressive policy, within five years the medical class of Tulane will reach five hundred.

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#### CHANGES IN THE CHARITY HOSPITAL STAFF.

Last month we recorded the regretted resignation of Dr. E. D. Fenner as first assistant house surgeon of the Charity Hospital; also the promotion of Dr. J. M. Batchelor to the vacated post. The additional announcement must be made this month of the election to the office of second assistant house surgeon of Dr. J. A. Danna, ex-resident physician of Hotel Dieu.

The Hospital is to be congratulated upon having had the opportunity of selecting from good material, as all of the young gentlemen, five or six, whom we knew of as aspirants to the last mentioned position, were competent and would have rendered creditable service. We must be pardoned, however, if we constantly and consistently express the opinion that this position should be given to the applicant most successful at a competitive examination, open only to suitable candidates. The hospital has done well this time, and this is no criticism of the result; we are contending for the principle. The promotion of Dr. Batchelor was logical; if he was competent to be second assistant for several years, he deserved to be made first assistant; had he been elected second assistant after competitive examination, the sequence would have been still more rational.

There is room for difference of opinion about the house surgeon, as he is an executive officer and special qualifications may be deemed necessary. The second assistant, however, should be selected by competitive examination, and, if he performs his duty, should be in the line of promotion to the first assistantship.

## Abstracts, Extracts and Miscellany.

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### Department of General Surgery.

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In charge of DR. F. W. PARHAM, assisted by DR. F. LARUE, New Orleans.

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RADIOTHERPY FOR CANCER AND OTHER DISEASES.—Morton states in the *Medical Record* that in his opinion:

1. Radiotherapy broadens our conceptions of the possibilities of the therapeutics of modern medical science.

2. The X-Ray has a general application for the relief of pain.

3. As to technic, a standardization as to apparatus and its capacity and as to duration and frequency of treatment and distance of the tube, is recommended to operators.

4. The X-Ray has a curative effect in internal cancer and other internal diseases.

5. For superficial diseases a medium soft tube may be used, for internal cases a hard tube. The hard tube is applicable, however, in all cases.

6. X-radiation is recommended prior to any operation, to clear the tissue of cancer particles and foci, and to circumscribe the disease.

7. X-radiation is recommended after operation to preclude a recurrence.

8. X-radiation may be recommended in place of an operation and may be preferable to one for the reason that operation secures but a comparatively moderate percentage of permanent recoveries, and because up to date the X-Ray procedure shows a continued improvement in cases, and a percentage of cures which will undoubtedly compare favorably with surgical operations.

9. There is danger to the patient or uncertainty as to what might be accomplished when the X-Ray is employed by immature operators.

10. In X-radiation we possess more nearly a solution of the problem of curing cancer than by any other method of treatment.

X-RAY AS A THERAPEUTIC AGENT.—Dr. William L. Heeve in the *Therapeutic Gazette*, October, 1892, says :

“In treating with the X-Ray I always protect the normal tissue by a sheet of lead, with an aperture over the surface to be treated, also encasing my tube in a box lined with sheet lead having diaphragm openings of different sizes, thereby protecting the operator from a possible dermatitis. I do not believe there is any gain or safety in using a grounded screen of sheet metal or silver as advised by Tesla.

The most astonishing feature about the X-Ray is that it possesses powerful analgesic properties, immediately relieving pain in cancer and ulceration, even if extensive ulcerations have taken place.

The distance between the tube and the patient should never be less than five inches nor more than twelve inches. The rule as laid down by the writer is as follows :

Sarcoma, six inches ; epitheliomas, seven to nine inches ; lupus, six to eight inches ; ulcerations, tubercular, eight inches ; varicose, eight to ten inches ; skin diseases (eczema, etc.), eight to twelve inches.

With some patients, especially blondes, reaction occurs with depressing symptoms, as shock and fall of temperature. If such shock should occur, stimulants, as nitro-glycerin or nitrite of amyl, and a course of tonics, are demanded, and further treatment should be postponed until the patient's general condition is attended to.

In closing I wish to emphasize the fact that in treating sarcomata and carcinomata we must use a high vacuum tube, running the static with the greatest number of revolutions possible.”

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## Department of Obstetrics and Gynecology.

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In charge of DR. P. MICHINARD, assisted by DR. C. J. MILLER, New Orleans.

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THE DYSMENORRHEA OF GIRLS AND YOUNG WOMEN.—The *Journal of Obstetrics and Gynecology of the British Empire* contains an extract of a paper by Bouilly which originally appeared in *La Gynécologie*.



The type of dysmenorrhea, he states, may be merely transitory, diminishing greatly during the early years of menstrual life; in other cases it persists until pregnancy occurs, which usually is followed by a permanent cure. He considers that in all cases the real lesion is an infantile state of the uterus as revealed by local examination, and he believes also that the ovaries are atrophic or infantile in type. The cause of the production of pain is still obscure; it certainly does not depend upon flexion or any mechanical obstruction to the menstrual flow, although the beneficial results of dilatation, in whatever way it may act, are very marked in the great majority of cases. Bouilly recommends slow dilatation with laminaria tents in preference to the rapid mechanical dilatation of Hegar and others. He strongly advises general hygienic treatment to stimulate ovarian activity. For this purpose he prescribes gymnastic exercise, bicycling, tennis, etc., avoiding prolonged rest and any intellectual exertion. He also administers ovarian gland substance for some time, as he believes that in many of these cases "ovarian sufficiency" is an important factor in maintaining the dysmenorrhea. He has also seen much benefit from the use of static electricity.

Since Bouilly advises the administration of ovarian extract it may be of interest to add here the experience of J. Coplin Stinson with thyroid extract which is reported in *The American Journal of Obstetrics* (July, 1902). In thyroid he believes we have a remedy of much value. It supplies material to the system which influences metabolism, is carried to the tissues and organs, in the plasma, and has a specific action upon the vasculo-motor nervous mechanism of the uterus and ovaries. As the sensibility to uterus and ovarian pain is readily diminished by thyroid, it is thus a uterine, and ovarian anodyne and sedative. Marked systemic effects are produced by medium doses. The nervous and vascular systems are considerably affected, the pulse rate is increased, arterial tension lessened, the cerebrum is somewhat stimulated, loss of weight shows increased tissue waste, and the normal functions of the skin, uterus, and, presumably, other organs of the body are re-established. He has been able to give relief to over 80 per cent. of his cases. Thyroidin is given in one-grain doses three times a day for two days before the flow, the dose being doubled when menstruation occurs. Of course other measures were not neglected. During the interval

between the epoch, general tonic treatment, baths, massage and hygienic measures were closely followed. Local lesions are to be remedied by proper medical or surgical measures.

THE USE OF FORCEPS IN BROW AND ANTERIOR FACE PRESENTATIONS.—*The Journal of Obstetrics and Gynecology of the British Empire* contains an extract of an article by Stroganoff on this subject, which first appeared in the *Monatschrift für Geb. u Gynäk.*

By anterior face and brow presentations the writer understands those in which the fetal back is directed to the front, while the chin in face presentations, or the brow in brow presentations, lies posteriorly. He believes that in anterior face presentations (with the chin to the back), if the head is fixed at the pelvic brim or lies in the pelvic cavity, forceps should be applied to aid in the rotation of the chin or the forehead. Rotation should be promoted slowly, and step by step, by the forward movement of the head, and the normal mechanism of the position should be imitated as much as possible. Only moderate force should be employed, lest the maternal parts be damaged. Should eight or twelve attempts at traction fail, the head may be perforated, provided there are maternal indications for rapidly ending the labor. If the face of the fetus lies in an oblique diameter of the pelvis, the forceps should be applied twice, after the manner of Scanzoni—*i. e.*, first in one of the oblique diameters, to bring the long axis of the head into the transverse diameter of the pelvis, and then in the other oblique diameter to bring the head from the transverse to the antero-posterior diameter. If the face is lying almost in the transverse diameter of the pelvis, the forceps should be applied by Lange's method—*i. e.*, one blade being introduced posteriorly and carried up to near the promontory of the sacrum, the other being introduced behind the symphysis. Straganoff prefers the straight forceps to those with a pelvic curve, though he admits that the operation may be performed very well with the curved instruments.

## Department of General Medicine.

In charge of DR. E. M. DUPAQUIER, New Orleans.

TYPHOID INFLAMMATION OF BONE AND JOINTS IN CHILDREN.—In children and youth the typhoid fever infection acts on the bones and on the joints.

(a) The bone manifestations are often met with, chiefly in the lower extremity, in the diaphysis of the long bones, but the bone marrow everywhere and anywhere in the osseous system may be affected. It is most important to know that osteomyelitis may appear as early as in the first days of the course or as late as three, four, seven and eight months after the termination of typhoid fever, but it usually shows during convalescence between the sixth and eighth week.

Bacteriologically, there are three kinds of cases: (1) with bacillus typhosus alone; (2) with bacillus typhosus and another organism; (3) with no bacillus typhosus, but a variety of pyogenic organisms.

Clinically, it goes without saying, the degree and location of the inflammatory process give rise to a variety of pictures, but most of the cases for practical purposes can be brought under three forms:

(1) *Subacute, rheumatoid*, diffuse, ending in resolution; (2) *acute*, localized, ending either in resolution or suppuration; (3) *chronic*, localized, ending in resolution, suppuration or exostosis.

*Rheumatoid Form.*—It is the most frequent, varying according to the degree of inflammation. When mildest there exist in the limbs vague unlocalized pain which after a duration of two or three weeks disappear leaving no trace. But the whole body has grown in length and reddish linear marks are observed on the skin from violent distention about the intermediary cartilages between the epiphyses and diaphyses. When more marked the medullary inflammation may lead to osteoperiostitis. Temperature rises, pains are severer and after their disappearance some hyperostosis at times is left.



*Acute Form.*—Here we have a localized osteomyelitis. Ordinarily it begins during convalescence with vague pains limited to one segment of the limb and the case runs a course similar to periostitis, ending in either resolution or suppuration.

*Chronic Form.*—Here, as late at times as several months after the termination of typhoid fever, the affection takes a chronic character from its very onset. There is no fever, no chill, pain is only light, though aggravated by paroxysms at times and a small tumor starts, growing slowly, projecting from the surface of the bone without alteration of the skin, forming an exostosis. It remains such or resolves, in which case it decreases gradually as the pain ceases. But, it may also end in suppuration, in which case it continues to grow, becoming fluctuating. Typhoid osteitis is altogether not serious since in three-fourths of all cases resolution takes place.

(b) The articular manifestations are not as often met with as those in the bones. They usually occur during convalescence, but may show at any time during the course of the fever, even at the very onset (arthro typhus of Robin). The lower extremity is ordinarily affected, the hip joint in particular, on one side only; but both these and other joints may be involved. The bacillus typhosus is very seldom found, and it seems that the inflammatory process is less due to typhoid infection of the joints than to simple extension of the inflammation of the neighboring epiphyses.

Marfan describes three forms of typhoid arthropathies.

*First Form*—Polyarticular, serous, subacute, the most frequent of all, occurs at all times, onset, course (second or third week) and convalescence. Small joints affected. *Acute pains* in the limbs at first, then localized successively in several joints (simulating acute articular rheumatism) exaggerated by pressure and motion. Peri-articular region swollen, edematous, hot and red. Neighboring epiphyses swollen and painful. In the latter, inflammation prevails, in the joint proper it is but secondary. Not uncommonly effusion in synovial capsule. Temperature rises to 39 deg. C. or 102.2 F. and 40 deg. C. or 104 deg. F. But all phenomena disappear rapidly in a few days. In the mildest cases there exist only pain and fever.

*Second Form*—Mono-articular. Chiefly during convalescence. Locates in hip joint. Ordinarily remains localized in

the hip, suppurates and lasts very long. Generally begins with acute symptoms, but may have a slow, insidious chronic onset. Pain is constant, intense, exaggerated by the least movement. Swelling is considerable, due to infiltration of peri-articular tissues or to effusion in the synovial. Epiphyses inflamed and very much increased in size. Integument is stretched, red or white, liable to ulcerate. High fever, restlessness. No cardiac or pulmonary complication.

Arthritis becomes chronic. Neighboring muscles become atrophied and even paralyzed. Limb immobilizes itself in the most favorable position for avoiding pain, thus the lower extremity becomes flexed and rotated in adduction. Recovery possible, but usually ankylosis and mainly spontaneous luxation follow. Out of forty-three cases of arthritis observed at all ages, Koen has seen thirty spontaneous dislocations, viz.: twenty-eight of the hip, two of the shoulders.

Lannelongue reports three cases also.

*Third Form*—Poly-articular, pyohemic. Shows about the third week. Manifestation of general pyohemia originating from the intestinal ulcers, cutaneous abscesses or eschars. Usual picture of purulent infection, viz.: repeated chills at *irregular* periods, high sweeps of the temperature tracing, sudden rise and fall, prostration, suppuration of all organs. Local manifestation is suppurated arthritis.

Prognosis is favorable in subacute polyarthritis, grave in suppurated mono-arthritis, and almost fatal every time in pyohemic polyarthritis.

Next to these cases of articular manifestations may be placed those cases of synovitis observed during the decline of typhoid fever, but the latter are extremely rare.—DR. FLORANGE, *Thèse de Paris, chez Boyer, in Journal de Médecine et de Chirurgie Pratiques*, September 25, 1902.

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## Department of Therapeutics.

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In charge of DR. J. A. STORCK, New Orleans.

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INDICATIONS FOR THE SERUM OF TRUNECEK IN ARTERIOSCLEROSIS.—Mereklein states that the serum of Trunecek does not modify sclerous lesions, but it causes certain subjective symp-

toms of arteriosclerosis to disappear. He believes it is a tonic, especially applicable in asthenia and hyperexcitability which, in patients suffering from arteriosclerosis depend on insufficient irrigation and on nutritive alterations of the nervous system.—*American Medicine.*

MRS. EDDY AND COMMON SALT.—Mrs. Eddy, she of the brilliant intellect and luminous diction, recently enriched the world with the following important item of information:

“To quench the glowing flames of falsehood, once in about seven years I have to repeat this: that I use no drugs whatever, not even tea, coffee, or red pepper, though every day, and especially at dinner, I indulge in homeopathic doses of common salt.”

Dr. Sweringen thus comments on the above in the *Chicago Clinic*:

“I cannot understand why Mrs. Eddy should indulge in common salt even in homeopathic doses, since in ‘Jahr’s Manual of Homeopathic Medicine’ of the edition of 1838, four and a half pages are devoted to the effects of common salt. Its mental effects are described as follows:

“‘Melancholic sadness, with searching for many unpleasant things, much weeping and increased by consolation, sorrowfulness about futurity, anxiousness also during a thunderstorm, chiefly at night; indolence, aversion to talk, joylessness and disinclination to labor, hasty impatience and irritability, easily frightened, hate of former offenders; fretfulness and disposition to angry violence, inclination to laugh, alternation of fretfulness and hilarity, great weakness of memory and forgetfulness, thoughtlessness and mental dissipation, misusing words in speaking and writing, inability to reflect and fatigue from mental exertion, awkwardness.’ These are the effects which homeopathy attributes to common salt, which, if correct, will account for some of the idiosyncrasies, eccentricities, hallucinations, delusions, illusions and peculiarities of Mother Eddy. I should advise her not to eat any more salt, even in homeopathic doses. It will certainly ruin her mental and physical constitution. We now know the cause of her ‘thoughtlessness and mental dissipation and misuse of words in speaking and writing.’ It is the use at dinner of homeopathic doses of common salt.



Perhaps if she should cease the eating of common salt, she would be better able to explain satisfactorily the result, metaphysical intricacies of Christian Science."

In our opinion, not only common salt, but every bit of food these latter-day lunatics take is a direct contradiction to their tenets and a refutation of their belief in the non-existence of matter. But who would expect logic and consistency from lunatics?

CHLORETONE TO PREVENT POSTOPERATIVE VOMITING.—Dr. Leonard W. Bickle, *Therapeutic Gazette*, recommends chloretone as a preventive of postanesthetic sickness. "I had occasion to open the bladder of an old man of seventy-four years, and determined to try spinal anesthesia, as previously I had done successfully. He was given chloretone beforehand, but two injections of cocain in chloretone failed to produce any effect. Chloroform was given and a part of prostate blocking up the right ureter was removed and the vas of same side tied. No sickness followed. Since then every case under my care has received a dose of fifteen grains of chloretone two hours before operation." The results are shown in a table and are eminently satisfactory.

INCOMPATIBILITIES OF ANTIPYRIN.—The following incompatibilities of antipyrin should be borne in mind: (1) Substances which contain nitric acid, such as amyl nitrite, ethyl nitrite, etc., produce a green color with antipyrin—iso-nitro-antipyrin; since this substance or its products of decomposition are toxic, it is necessary to avoid mixtures of antipyrin and substances containing nitric acid; (2) antipyrin with mercury bichlorid gives rise to a very toxic substance; (3) solutions of antipyrin are precipitated by carbolic acid; (4) antipyrin and sodium salicylate when powdered and mixed result in a sticky, semi-liquid mass; (5) antipyrin and chloral when mixed form an oily liquid, which has not the properties of its components; (6) the mixture of antipyrin and B-naphthol gives a product which quickly liquifies; (7) solutions of antipyrin are precipitated by tannin; (8) antipyrin raises the coefficient of solubility of caffen and the salts of quinin.—*American Medicine*, November 8, 1902.

THE THERAPEUTIC USE OF SODIUM CACODYLATE.—Mendel says that although Gautier has claimed that the cacodylates are active

only after hypodermic administration, the experience of others has shown they are also absorbed from the stomach. Mendel has usually employed the hypodermic method, commencing with 0.2 grn. daily and increasing. In a large number of cases, he has also given it intravenously with much success. In chlorosis, he has obtained a cure in four to six weeks, more quickly, therefore, than with the classical iron treatment. In tuberculous conditions his results were not so brilliant as those of some other investigation, but in the majority of cases he says there was a distinct increase in the patient's weight and in his subjective condition, although the physical signs and temperature were not greatly affected. In diabetes there was no diminution in the quantity of sugar secreted, although here again there was improvement in the general condition. In two patients with exophthalmic goiter who were treated with the cacodylate, one was not at all affected, but the condition of the other was very much improved. In neuritis he advises the injection directly into the inflamed nerve. He has used it also in various skin diseases with more or less benefit.—*American Medicine*, November 8, 1902.

**METHYL SALICYLATE.**—Methyl salicylate, heretofore employed mainly by inunction, has lately been especially recommended by Cosma for internal administration. This author states that the drug can be given without harm to an amount as large as 8 grains daily, best in a mucilaginous mixture, and it is said that it acts better than sodium salicylate in rheumatism and neuralgia.—*Notes on New Remedies*, September, 1902.

**PURGEN.**—A new laxative is purgen, but of this preparation only the medicinal employment is novel, for chemically it is the well-known phenolphaline, used for many years as an indicator in analytical work. According to Varnossy, it produces no effect upon animals, but in man it acts as a very reliable laxative. The danger of poisoning from its exhibition is out of the question, since only a minute quantity is absorbed, the greater part of it leaving the body unchanged with the feces. But Varnossy's results are not confirmed by those of Unterberg, who found purgen to be rapid and mild in its action, but not to be relied on in its effects.—*Notes on New Remedies*, September, 1902.

## Department of the Ear, Nose and Throat.

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In charge of A. W. DEROALES, M. D., and GORDON KING, M. D.,  
New Orleans.

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CARDIAC REFLEX OF AURICULAR ORIGIN.—Dr. Massier, of Nice, records an unusual case of auricular reflex where the presence of indurated and impacted plugs of cerumen in the ears gave rise to intermittency of the heart's action. It is not rare that we observe other forms of nervous reflex that can be traced to peripheral irritation in the auditory canal and that are relieved when this irritation is removed. Among these are mentioned epileptiform attacks, vomiting, cough, aphonia, trifacial neuralgia, etc. The case reported by Massier was a physician who, for a long time, had been suffering from intermission of the pulse followed by a few energetic and even painful palpitations. The patient submitted to auscultation a number of times by different physicians who averred that no organic lesion existed. The other organs were in apparently good condition and no cause could be assigned for the irregularity. The palpitations occurred in any position of the body and were not increased by fatigue or active exercise. Finally the patient's attention was attracted to his ears by the occurrence of tinnitus, and he consulted Dr. Massier who discovered and removed an accumulation of hardened wax from the ear canals. The palpitations were much diminished after this, but the canals were left in an inflamed sensitive condition, which lasted for some weeks. Later some more wax was removed and the heart became regular in action and no further discomfort was experienced. The author naturally concludes that the cardiac irregularity was due to reflex irritation from the auditory canal, and bases his conclusions upon the nerve communication between the ear canal and the heart. The ear canal is supplied with a sensory branch from the pneumogastric which through the irritation caused by the impacted wax and the inflammation gave rise to an inhibitory impulse affecting the heart. A predisposition to this effect might be seen in the general nervous excitability of the subject.—*Annales des Maladies de l'Oreille*, etc., October, 1902.



## Miscellaneous.

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A DISCUSSION OF THE REPORT ON YELLOW FEVER on the United States ship "*Plymouth*" in 1878 and 1879, by W. C. Gorgas, M. D., Major, United States Army, appeared in the *Medical Record* of October 4, 1902. Dr. Gorgas states that he goes into the subject particularly in reply to a letter from Dr. Stanford E. Chaillé, of this city, than whom he knows of no higher authority on yellow fever. He quotes from the letter: "But I write to you largely because I am by no means satisfied that this is the sole means of propagation. This mosquito theory fails to explain the facts recorded in the case of the United States ship *Plymouth* in 1878-9 and in some other outbreaks at sea recorded by Laroche, etc."

Then he says that "facts assumed as established with regard to the *Plymouth* are these: the United States Ship *Plymouth* on October 6, 1878, sailed from Portsmouth, N. H.; on the 19th she arrived at Christianstadt; on the 21st she proceeded to St. Thomas, where she coaled; on the 25th proceeded to Fredrickstadt, Santa Cruz, remaining until November 7; on the evening of November 4 a case of yellow fever developed. Between that and the 7th, seven cases of yellow fever occurred; none after November 7.

The ship proceeded north, reaching Norfolk, Va., November 18, and Portsmouth, N. H., December 1. From January 8 to February 12, 1879, the vessel was empty and thoroughly exposed to the cold of Boston harbor. On February 12 the crew returned, and on March 15 she sailed from Boston for the West Indies. On March 19 and 21 two cases of yellow fever developed.

The question is to account for the yellow fever under the mosquito theory, and the redevelopment on March 19—the last possible date of infection being November 10—considering the exceedingly unfavorable condition for the life of the mosquito. I say the 10th, though the last case occurred on the night of the 7th, since the mosquito might have been infected, as far our experience goes, at any time within the first thirty-six hours of the disease in the patient.

His explanation, if he accepted these facts, would be that the ship had gotten a supply of stegomyia in her former cruising in the tropics which she left in June, 1878, and the weather between June and November, at Portsmouth, N. H., had not been cold enough to kill them. That on reaching Christianstadt, October 19, somebody went ashore and contracted yellow fever, so mild that it escaped observation. About the 21st this patient was taken sick, infecting several of the stegomyia aboard. About November 2, these mosquitoes became capable of conveying fever, and on November 4 the first case came down with fever. The disinfection of the ship on November 8 killed most of the infected mosquitoes and the others were made torpid by getting to a cold climate.

Now for the difficulty of the explanation under the mosquito theory. The latest date at which a mosquito on the *Plymouth* could have become infected was November 10, hence its life has to be explained from that time to March 17, 1879, or 127 days, as the first patient took sick on March 19.

As the ship was occupied by the crew, there would be no difficulty in accounting for the few mosquitoes hibernating in protected places up to January 8. From this time to February everything was taken out, the ship exposed to cold below the freezing point and a thorough disinfection made. But evidently cold or disinfectants did not reach some protected parts, for in February, 1880, after a second freezing, the Board which examined the ship saw some flies crawl out from between the floors when the latter were cut into. Where it was possible for flies to remain active it was possible for mosquitoes to hibernate. On March 19 the ship became sufficiently warm for the hibernating mosquitoes to revive; they bit the two seamen and gave them yellow fever. This was four days out from Boston and evidently pretty well down toward the Windward Islands.

“One hundred and twenty-seven days is a very long life for a mosquito, but we had one at Las Animas Hospital, hatched in captivity and kept in a jar all its life, that lived one hundred days. If a mosquito born and bred in captivity could live a hundred days, it would be no great stretch to believe that one in the more favorable circumstances of the hold of a ship might live one hundred and twenty-seven days.”

This may be a reasonable explanation, under the theory that the infected stegomyia is the only means of transmitting yellow fever from man to man, of the occurrence of the second outbreak of yellow fever on March 21, 1879, on board the *Plymouth*.

Dr. Gorgas, however, questions the diagnosis of the two cases and gives clinical data to show that continued fever would be a fairer diagnosis. He then gives two letters on the subject from acknowledged authorities. One from Dr. Chas. J. Finlay contains the following:

"I still hold the opinion which I expressed in my first paper on the subject twenty-one years ago; namely, that in the notorious instance of the *Plymouth* the two cases which occurred at sea after the vessel had been disinfected and frozen during the winter and after four months had elapsed since the last of the previous cases on board can be readily accounted for by the hibernation of mosquitoes which had bitten the former yellow fever patients, and which, upon finding themselves once more within tropical temperatures, recovered from their lethargy and bit two of the new men of the crew. It would be a great satisfaction to me if I could contribute to bring over to our views a man whose keen judgment I have had occasion to appreciate. Indeed, it would only be a small return for the great service which at one time he rendered me; for it was through his close reasoning and unanswerable facts that I became convinced of my former errors, and set to work in a new direction, which soon led me to the discovery of the yellow fever mosquito."

The other is from Dr. John Guiteras, and says among other things:

"It appears to me that it is difficult to explain no matter which of the theories of the etiology of the disease we may maintain. At the time of the occurrence we all looked upon it as an exceptional case, and as such it stands to-day, though we are much richer in the possession of actual facts concerning the etiology of yellow fever. Those who are bringing it up as proof against the mosquito being the only means of conveyance of the disease are obliged to suppose that some sort of fomites escaped the action of cold and the disinfectants. We have only to follow the same line of argument to explain this exceptional case on the doctrine of mosquito infection; and we can bring in our support the known facts concerning the long duration of life and the hibernation of mosquitoes.

"Basing our calculations on the reported cases of yellow fever mentioned in the history of this ship I should fix the necessary duration of life of the two insects at one hundred and twenty-six days. Now, I have had in my jars a mosquito that was capable of biting on the one hundred and fifth day of its life, and it perished on that day by accident."



## Society Proceedings.

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### Orelans Parish Medical Society.

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MEETING OF OCTOBER 11, 1902.

DR. ISADORE DYER gave an interesting account of his visit to *The Havana Leper Hospital*.

Although founded in 1681, the Havana Leper Hospital, "Hospital San Lazaro," assumed importance only in 1861, when the present imposing building was erected. This occupies a prominent position on one of the main thoroughfares only a few hundred yards removed from the bay front and opening on a broad plaza. The edifice is erected around an open courtyard, which is divided in two segments, one for the patients on the outside and the other for the administration. Both *patios* are well planted with tropic flowers and shrubbery, so as to make the whole *entourage* attractive. The entrance from the street discloses a large chapel for the use of the public, to which the patients in the hospital have access in a reserved space just off the chancel, separated on each side by high iron railings. One side for females, the other for males. This same separation is observed in the distribution of the patients in the house. It was Dr. Dyer's privilege to make the rounds with the physician at the head of the hospital, Dr. Manuel F. Alfonso, who spared no pains in showing him every detail of the institution. While the public may enter the chapel freely from the street, the way to the hospital itself is not so easy. Up a full flight of spiral stairway one enters the offices of the administration first; this leads by a wide and airy gallery (which on the second floor follows the rectangle for three-fourths of the way) to the laboratories, and finally, on the south end of the rectangle to the wards. There are in all 114 patients, mostly natives, and about equally divided between male and female; only a few children, the youngest about eight years, and only a few negroes. Quarters for the two sexes are sep-

arately arranged and a distinct infirmary is provided for those lepers who become ill of some concurrent malady. The domestic department is on the basement floor, meaning the kitchen, drug store, etc. Seven Sisters of Charity are in charge of the nursing and domestic departments and help is received, not required, from those patients who are able to render it. An air of absolute cleanliness pervades the whole establishment, and more than this, there is evident, all over, a strict attention to ventilation and hygiene. As in all Cuban establishments, the bathing facilities are meagre. Treatment at this institution seems to present about as much of result as is common elsewhere, if not less result from the character of cases, of which more later. Most reliance is placed by Dr. Alfonso on chaulmoogra oil, and he believes his best results are obtained with this remedy. Experimental work has been done for the past eight months with red mangrove bark, but as yet without result. Baths of benzoinated water, sulphurated water, etc., are employed in some cases. Carasquilla serum has been used and relegated. Arsenic, bichloride of mercury, are among other remedies chiefly employed. The salicylates and ichthyol are also used. Strychnin as a regular treatment did not seem to appeal to Dr. Alfonso as it has to Dr. Dyer, for the latter has always held strychnin as a sheet anchor in leprosy and never treated a case without maintaining this drug throughout, no matter what else he may have used. Dr. Dyer was struck, in the short time at his disposal to observe these patients, with the large number of pure trophic types, the sort of cases found in Brittany and in Constantinople, those cases which have led to the separation of Morvan's disease as an entity. Of all the cases shown him at the San Lazaro Hospital there were few of the tubercular type, the type in which the bacilli are found freely colonized. The fact that so many of the cases were natives and that they presented for so large a part the evidences of what Zambaco-Pacha has called "effete" leprosy, possibly explains the fact that there is no instance recorded of contagion having occurred among the attendants of this institution. Altogether the appearance and detail of the Havana Leper Hospital, and it is not an asylum, impressed the doctor with the highest sense of respect for a well organized and managed institution.

DR. LEBEUF related a case of tartar emetic poisoning in a child two years of age. The mother had read that a mixture of sugar and tartar emetic made excellent roach paste and she, therefore, spread the paste on a number of saucers which unfortunately were within reach of the child. The baby had ingested the contents of two of the saucers. It had vomited approximately one hundred times and had purged violently. When the doctor arrived the child was pulseless and cyanosed. Hypodermic stimulation was employed, but what was of more value was the repeated use of high enemata of hot normal saline solution. Each enema had been followed by marked improvement. Recovery followed.

DR. ASHER asked how much tartar emetic had been taken.

DR. LEBEUF replied that the child had probably ingested as much as an ounce.

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#### MEETING OF OCTOBER 25, 1902.

DR. HOMER DUPUY read a paper on *the Falsetto, or Eunuchoid, Voice*.

DISCUSSION.—DR. E. D. MARTIN asked whether castration of the young always produced this eunuchoid voice.

DR. DUPUY replied that all the eunuchs of the East who are castrated at pubescence for a specific purpose have the feminine voice. The boys of the Cathedral choir of Rome who were subjected to emasculation for vocal purposes retained their soprauo type of voice. The answer to Dr. Martin's question was, therefore, in the affirmative.

DR. MARTIN said that he knew of a case of a young man in whom there was an entire lack of development of the genital parts, but who did not possess the eunuchoid voice.

DR. LEBEUF—In the Chinese theatre men were brought up from childhood to be pseudo-actresses. They were trained by vocal exercise to retain the high-pitched voice of childhood. This result was satisfactorily attained without castration.

DR. ASHER asked if in a case of a female who had a deep male voice, treatment along the lines suggested by Dr. Dupuy would do any good.

DR. MAINEGRA had always been under the impression that high tones were produced by high tension of the vocal chords rather than by the action of extrinsic muscles and ligaments only.



DR. GRANER thought the fact that one of the patients had had a chest expansion of only one inch rather unusual.

DR. W. M. PERKINS disagreed with Dr. Graner. Many young men of about eighteen, especially those of sedentary habits, had only a one inch expansion. He asked what was the effect of castration on the voices of animals? He had castrated one dog at puberty, but the dog now had a deep bass voice.

DR. DUPUY, in reply to Dr. Asher, said that treatment on exactly opposite lines to that employed in treating eunuchoid voice should yield satisfactory results in treating bass voice in women. In reply to Dr. Mainegra, he said that the vocal chords were ligaments, not muscles, and that their tension was determined by the action of the extrinsic and intrinsic muscles.

REPORT OF CASES.—DR. DEPOORTER reported a case in which he had removed impacted wax from the external auditory canal. Patient returned in one week. Dr. DePoorter then saw a number of small white bodies (like homeopathic granules) down against the drum. These he removed, but they had returned again and again in spite of applications of alcohol, ether, ichthyol, etc. Dr. Archinard, pathologist, had some of the bodies, but had not yet reported upon them.

DR. MARTIN had seen this case. He thought the bodies were homeopathic granules placed in the ear by the patient.

DR. DEPOORTER had thought so too at first, but he had packed the external auditory canal tightly with iodoform gauze so that the patient could introduce nothing, and still the bodies had re-formed after a couple of days.

DR. GRANER asked whether the granules had been examined microscopically.

DR. DEPOORTER replied that Dr. Archinard had not yet reported.

DR. PERKINS asked whether the patient was black or white, and whether there was any reason to suspect hysteria.

DR. DEPOORTER—Patient was white. No hysteria present.

DR. PERKINS asked Dr. DePoorter to report later to the Society as to Dr. Archinard's findings, particularly as to whether the granules contained sugar of milk.

## American Medical Association Notes.

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NEXT MEETING IN NEW ORLEANS, MAY 5, 6, 7 AND 8, 1903.

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### GENERAL OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION, 1902-1903.

President, Frank Billings, Illinois; First Vice President, J. A. Wither-  
spoon, Tennessee; Second Vice President, G. F. Comstock, New York;  
Third Vice President, C. R. Holmes, Ohio; Fourth Vice President, James  
H. Dunn, Minnesota; Secretary-Editor, George H. Simmons, Illinois;  
Treasurer, Henry P. Newman, Illinois; Chairman Committee of Arrange-  
ments, Isadore Dyer, 124 Baronne Street, New Orleans, La.

THE LOCAL COMMITTEE OF ARRANGEMENTS HELD A MEETING  
November 15, at the New Orleans Polyclinic, with the following  
members present: Dr. Isadore Dyer, Chairman; Drs. John  
Callan, Finance Committee; E. S. Lewis, Post Office Commit-  
tee; E. Souchon, Transportation Committee; Q. Kohnke, Ex-  
hibits; H. B. Gessner, Badges; R. Matas, Registration; J. F.  
Oechsner, Halls; F. A. Larue, Publication. Besides these  
were Dr. J. B. Guthrie, Secretary of the Committee, and Drs.  
C. J. Miller and E. Moss, representing other sub-committees.

The Chairman called attention to the purpose of the meeting  
as crystallizing the plans for the coming meeting of the Associa-  
tion. He stated that all of the committees had been organized and  
were well under way. He had been in communication with the  
President, Secretary and Treasurer of the Association, and that  
the necessary steps were clear. He had communicated with each  
of the sections, and that the secretaries of most of these had ad-  
vised him of the probable attendance of each and the likely  
number for the banquet. Southern journals had been circular-  
ized with an idea of developing attendance through the South-  
ern states. Some of these had made editorial notice of the  
communication.

Dr. Callan reported that the Finance Committee had sev-  
eral meetings and had decided to issue a circular to the lay  
public, about December 1, appealing for contributions and stat-  
ing the importance and character of the convention in May.  
The medical profession were to be circularized by the respect-

ive arrangements committees of the Association and of the State Society. It was decided to name a representative of the Association in each of the Congressional Districts in the state in order to derive contributions from that source. This plan had been agreed upon because of the proffer of assistance from country members who were anxious to share the honor and burden of the entertainment.

Dr. Gessner reported for the Committee on Badges that he had secured designs and prices from several manufacturers, which he submitted for the advice of the general committee. He had been unable to get any information from the 1902 committee but he secured a sample of the badge and souvenir of the St. Paul meeting. After some discussion it was decided that the committee be authorized to further investigate designs and to secure bids on 5,200 badges at a price not to exceed \$800.00. It was the sense of the committee that the souvenir should be suggestive of New Orleans and at the same time of sufficient attractiveness to be taken away as a token of the city.

Dr. Oechsner for the Committee on Halls presented a very interesting report, showing the capacity in floor space and seating of the several available halls in the city and elaborating the plan of disposition of the several sections and bodies requiring accommodation. The work of this committee practically disposed of the plan of the meeting and it was agreed that, unless strong reasons were advanced to the contrary, the meeting should be held in the section of the city including Tulane Hall, Tulane and Crescent Theatres, Orleans Parish Medical Society, the Polyclinic, Medical College, Charity Hospital, Grunewald Hotel, as these afforded ample seating accommodations as well as space for exhibits, etc.

Dr. Kohnke stated that the Committee on Exhibits had received several applications for space. Already a list was being made of probable exhibitors who were to be circularized; this was being compiled from the names of those exhibiting at previous meetings and among reputable drug manufacturers, etc.

Dr. Parham reported, through Dr. Gessner, that the Committee on New Membership had already begun circularizing neighboring states and that some 6,000 eligibles would be reached within the next few weeks. Already a large number of members had been enlisted in Louisiana.



Dr. E. S. Lewis reported that the Post Office Committee had conferred with the Postmaster of New Orleans, who had promised to supply alphabetically arranged boxes for the distribution of mail, which was to be delivered at the Bureau five times a day.

Dr. Martin reported, through Dr. Moss, for the Committee on Hotels and Boarding Houses, giving the hotel capacities and relating that a systematic bureau of information would be established regarding boarding houses, a list of which was already being made. At the recent bankers' convention this system had been used and had been found satisfactory.

Dr. Matas reported for the Committee on Registration that he had received full instructions from the treasurer of the association, and that as soon as the location of this department had been determined, the work of his committee could be easily planned and executed.

At the adjournment of the committee meeting the members of the several sub-committees agreed to elaborate the work of each for a meeting to place in January. Altogether it may be seen that the Arrangements Committee has the matter well in hand, and that early in the year the plans will be practically complete.

THE COMMITTEE ON HALLS AND MEETING PLACES now consists of Dr. John F. Oechsner, Chairman, and Drs. O. L. Pothier, Jno. B. Elliott, Jr., H. P. Jones, J. Barnett.

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## Louisiana State Medical Society Notes.

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Next meeting in New Orleans, Tuesday, Wednesday and Thursday, April 28, 29 and 30, 1903. President, Dr. Isadore Dyer, New Orleans; Recording Secretary, Dr. Wm. M. Perkins, 163 University Place, New Orleans; Corresponding Secretary, Dr. A. G. Friedrichs, 641 St. Charles street, New Orleans; Treasurer, Dr. H. S. Cocram, 124 Baronne street, New Orleans; Chairman, Committee of Arrangements, L. G. LeBeuf, 124 Baronne street, New Orleans.

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THE CHAIRMAN OF THE COMMITTEE OF ARRANGEMENTS urges all chairmen of sections to decide upon a subject for discussion as soon as possible, so that the whole matter may be studied by

the general membership in advance of the meeting. The following has been announced:

DISEASES OF CHILDREN.—Chairman, Dr. E. M. Dupaquier, 819 Orleans street, New Orleans. To open discussion, Dr. G. R. Fox, Moreauville; Dr. L. Abramson, Shreveport.

Subject for Discussion—*Typhoid Fever*.

All members interested are requested to make a clinical report of their cases, with special reference to the following points:

1. The occurrence of typhoid fever is increasing.
2. The true condition is often unrecognized, especially in nurslings.
3. Its peculiarities are many and quite misleading.
4. Its practical management, especially at the age of two years or thereabouts, is far from easy.
5. Its relation to tuberculosis is decidedly marked.
6. Prevalence and severity in the white and negro races, in the foreign-born and in the native-born of foreign or native parentage.
7. Cases of continued fever, neither malaria nor typhoid, in which drug treatment causes undue mortality among children.

The Chairman, whose address is given above, would be glad to correspond with the members of the Society about this or other subjects in his Section.

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## Medical News Items.

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THE CHARITY HOSPITAL ADMINISTRATORS SELECTED DR. J. A. DANNA as Assistant House Surgeon on November 3. Dr. Danna has always been an earnest student, a former hospital interne and until recently Assistant House Surgeon at Hotel Dieu. The doctor is to be congratulated upon his appointment.

THE MALTINE COMPANY PRIZES of \$1000.00 and of \$500.00 for the best two essays on "Preventive Medicine" have been awarded by the judges, Drs. Lewis, of New York, Reed, of Cincinnati, and Rhodes, of Chicago. The \$1000.00 prize was awarded to Dr. W. Wayne Babcock, of Philadelphia, for an essay entitled "General Principles of Preventive Medicine." The \$500.00 prize was awarded to Dr. Louis S. Somers, also of Philadelphia, for an essay entitled the "Medical Inspection of School—A Problem in Preventive Medicine." These competitors were successful among 209 writing from almost every State in the Union.

THE THERAPEUTIC MONTHLY has been acquired by the *Philadelphia Medical Journal*, which will hereafter publish a department embodying the former field covered by that periodical.

PERSONAL.—Dr. A. W. de Roaldes returned November 16 from a visit to his brother in France.

Dr. F. Formento has also returned from a lengthy tour in Europe.

THE NEW YORK MEDICAL RECORD of November 15 takes editorial notice of the increase of tuberculosis among negroes, using the authority of Dr. J. M. Barrier, of Richland parish, for the text. The *Record* quotes the *New York Sun* of November 2, which evidently derived its information from THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL of October, 1902, in which Dr. Barrier published his article, a fact our esteemed contemporary has evidently overlooked.

DR. FRANK C. HAMMOND has recently been elected secretary of the Obstetrical Society of Philadelphia.

TWENTY-FOURTH INTERNATIONAL MEDICAL CONGRESS. — All communications incident for the final program must be announced to the general secretary before January 1, 1903. The lodgment bureau has been installed and can be addressed for securing suitable lodgings as follows: “*Bureau des Logements, Faculté de Médecine, Madrid.*”

Reductions ranging from 33 to 50 per cent. have been granted to members of the congress on the following: The railways of the North of Spain, the railways from Madrid to Zaragoza and Alicante, all the French railways, the General Italian Navigation Company, the Neapolitan and Sicilian Navigation Companies. The answers of other companies will be announced as they reach the executive committee.

ALEXANDRIA, LOUISIANA, is to have a sanitarium in January.

THE TRI-STATE MEDICAL ASSOCIATION met in Memphis November 11 to 13. A successful meeting ended in the selection of Memphis as the meeting place next year and with the election of the following officers: President, Dr. Jno. M. Hayes, Eureka Springs, Arkansas; Secretary, Dr. R. McKinney, of Memphis.



MISSISSIPPI STATE BOARD OF HEALTH REPORTS SIXTY-ONE APPLICANTS FOR LICENSE to practice medicine. At the examination on October 14, thirty-five passed. There were eight colored applicants, five of whom passed.

THE LOUISIANA STATE BOARD OF MEDICAL EXAMINERS held its regular semi-annual examination recently, with twenty-seven applicants, three of whom were colored; the successful applicants number twenty-two, including one colored physician, as follows:

Drs. C. M. Abbott, D. H. Alverson, Thomas Butler, O. O. Biggs, H. E. Bernadas, J. C. Calhoun, H. N. Faust, I. M. George, A. D. Hatcher, E. M. Hummel, M. M. Hearn, S. J. Hymel, A. W. Kipp, M. O'Brien, J. H. Pankey, W. B. Pierce, E. G. Sewell, E. S. Silbernagel, R. W. Travis, Milton, F. Smith, L. G. Wille, W. F. Jase (colored).

THE AMERICAN PUBLIC HEALTH ASSOCIATION announces the following program for its meeting beginning December 8, at Tulane Hall, University Place. Those interested should communicate with Dr. C. P. Wilkinson, Chairman of the Committee of Arrangements, P. O. Box 765, New Orleans, La.

#### PROGRAM OF GENERAL MEETING—

- I. The Pollution of Public Water Supplies.
- II. The Disposal of Refuse Material.
- III. Animal Diseases and Animal Food.
- IV. Car, Steamship and Steamboat Sanitation.
- V. Etiology of Yellow Fever.
- VI. Demography and Statistics in their Sanitary Relation.
- VII. Cause, Prevention, Period of Incubation and Duration of Infectious Diseases.
- VIII. Public Health Legislation.
- IX. Cause and Prevention of Infant Mortality.
- X. Disinfectants and Disinfection.
- XI. National Leper Homes.
- XII. Dangers to the Public Health from Illuminating and Fuel Gas.
- XIII. Transportation of Diseased Tissue by Mail.
- XIV. The Teaching of Hygiene and Granting of Diploma of Doctor of Public Health.

XV. Sanitary Aid Society.

XVI. The Relative Immunizing Value of Human and Bovine Vaccine Virus.

XVII. The Investigation of the Canteen System of United States Army.

SECTION ON BACTERIOLOGY AND CHEMISTRY—

I. On Standard Methods of Water Analysis.

II. Bacteriology of Milk in its Sanitary Relations.

III. Variations of the Colon Bacillus in Relation to Public Health.

IV. Committee on the Revision of the By-Laws.

THE THIRD ANNUAL MEETING OF THE AMERICAN RÖENTGEN RAY SOCIETY will be held in Chicago, December 10 and 11. The sessions of the society, as well as the exhibits, will be held in the Sherman House, Randolph and Clark streets.

THE SOUTHERN SURGICAL AND GYNECOLOGICAL SOCIETY met in Cincinnati, November 11, 12 and 13, and held a very successful gathering.

Dr. E. D. Martin, was the only representative from Louisiana this year.

The next meeting will be held in Birmingham the week before Christmas, 1903.

New officers were elected as follows:

*President*—Dr. J. Wesley Bovée, Washington, D. C.

*First Vice President*—Dr. Bacon Saunders, Ft. Worth, Texas.

*Second Vice President*—Dr. Christopher Tompkins, Richmond, Va.

*Counsel*—Dr. W. B. Davis, Birmingham, Ala.

*Chairman of Entertainment Committee*—Dr. John D. S. Davis, Birmingham, Ala.

Dr. W. D. Haggard, Nashville, Tenn., Secretary, and Dr. Floyd W. McRae, Treasurer, Atlanta, Ga., hold over, as do Dr. Ernest S. Lewis, New Orleans, La.; Dr. George Ben Johnston, Richmond, Va.; Dr. L. Mc. Lane Tiffany, Baltimore, Md., and Dr. Lewis S. McMurtry, Louisville, Ky., members of the Council.

IMPORTANT: We have on hand a clinical report entitled "Congenital Absence of Rectum; Gut-tract Opening in the Bladder," which we are ready to publish, but find that the author's name is not on the manuscript. If he will kindly inform us to that effect, we shall use the report in our next issue.

## Book Reviews and Notices.

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*All new publications sent to the JOURNAL will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the JOURNAL to review as many of the works received as possible, the editors will be guided by the space available and the merit of the respective publications. The acceptance of a book implies no obligation to review.*

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*Essentials of Diseases of the Ear.*--By E. B. GLEASON, M. D. W. B. Saunders & Co., Philadelphia and London, 1902.

This little volume is one of a series of question compends, and admirably fulfils its purpose in laying before the student or general practitioner the essentials of the practice of otology in the most condensed form. The important facts to be learned about the anatomy of the ear, and the diagnosis and treatment of aural diseases, are brought to notice by questions and appended concise and comprehensive answers.

This series of compends has already been long recognized as a valuable aid to the students of medicine, and this, the second edition of the one devoted to ear diseases, is fully up to the average in point of completeness.

DEROALDES AND KING.

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*Treatise on Diseases of the Anus, Rectum and Pelvic Colon.* By JAS. P. TUTTLE, A. M., M. D. D. Appleton & Co., New York, 1902.

This is the most recent and largest treatise on the subject; it is up to date and one of the best, as well. It consists of nearly one thousand pages, embracing 339 illustrations in the text and 8 colored full-page plates. The division is in 25 chapters: the first on embryology, anatomy and physiology; the second on malformations; the third on examination; the next twenty give a description of the various diseases of the anus, rectum and colon, with their treatment and the operations indicated; chapter 24 treats of nervous and hysterical rectum, while the last is devoted to recto-colonic-alimentation.

The book is based upon the practical experience derived from a very large number of cases by a careful and intelligent observer. That alone gives it great value and contributes the personal element to the work. In addition, the author has given due notice to the opinions and practice of others and deserved credit to various operations and operators, even if he does not champion them; for, as he aptly says in his preface, " \* \* experience teaches that no one method succeeds always, and that the practitioner should be conversant with many in order that he may have resources in reserve for all emergencies."

The author shows scant courtesy to the *écraseur* which, of course, is no longer used in the treatment of piles, but was quite a scientific innovation



in its day. He fails to mention the use of the angiotribe in the same affection, although, at least in the reviewer's opinion, it is destined to fill an important place.

We can recommend Dr. Tuttle's book as an admirable one on the subjects included.

C. C.

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*Anatomy and History of the Mouth and Teeth.* By I. NORMAN BROOMELL, D. D. S. Second edition revised. P. Blakeston's Son & Co., Philadelphia, 1902.

This is the second edition of this publication. The subject matter is intelligently and comprehensively handled. It is also full of very interesting illustrations. This work is a valuable addition to our literature.

FRIEDRICHs.

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*Diseases of Women; a Manual of Gynecology.* By F. H. DAVENPORT, M. D. Fourth edition, revised and enlarged, with 154 illustrations. Lea Brothers & Co., Philadelphia and New York, 1902.

The reviewer has on several occasions rendered a favorable opinion of this manual which is essentially a guide to students and a help to general practitioners. This edition is practically the same as its last predecessor.

MICHINARD.

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*The Medical News Visiting List for 1903.* Lea Brothers & Co., Publishers, Philadelphia and New York.

A visiting list is indispensable to the active practitioner. One of the best of these is the *Medical News Visiting List*. Its blank pages are arranged to record memoranda of every description for the physician, surgeon or obstetrician. It opens with thirty-two pages of data, including an Alphabetical Table of Diseases, one of doses, sections on examination of urine, artificial respiration, incompatibles, poisons and antidotes, a diagnostic table of eruptive fevers. It is issued in four styles; is printed on fine, tough paper and durably bound.

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*Diabetes Mellitus, Its Treatment and Cure.* Published by Chas. Roome Parmele Co., New York, 1902.

This pamphlet is composed of clinical reports by Stucky, Dixon, Stern, Beck and other more or less known writers and practitioners. They all give favorable evidence as to the good effects of arsenauro in the treatment of diabetes.

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*The Public and the Doctor.* By Dr. B. E. HADRA, Dallas, 1902.

A booklet intended to be distributed by the profession to such of their patients or of the public as they may desire to enlighten on the nature of disease, the aims of treatment, etc.

*Physical Diagnosis in Obstetrics, etc.* By EDWARD A. AYERS, M. D. E. B. Treat & Co., New York, 1901.

After a most careful reading of this book the reviewer regrets to say that he cannot find in it anything superior to that which may be found in most Text-books on Obstetrics. There appears to be a mix-up in the illustrations. Perchance a revision will correct some of the insufficiencies.

MICHINARD.

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*The Physician's Visiting List for 1903.* P. Blakiston's Son & Co., Philadelphia.

This excellent and convenient booklet is published in the weekly, the monthly and the perpetual form. In addition to its usual good features, there are two new ones this year; three pages on "Incompatibility," and one page on "Immediate Treatment of Poisoning." All told, it is a good pocket record book and reference guide.

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*A Text-Book of Practical Therapeutics.* By HOBART AMORY HARE, M. D., B. Sc. Ninth Edition. Lea Bros. & Co., Philadelphia and New York, 1902.

Hare's Therapeutics as a text and reference is now authoritative, and that it is popular with the medical profession is attested by the fact that it has reached its ninth edition.

The present volume has been carefully revised upon modern lines so as to make it almost a new work on therapeutics. The general scheme of the text is aimed at the consideration of drugs, remedies not drugs, and diseases and their indications, each under a separate capitulation.

Under Drugs are alphabetically discussed the list of agents used in the practice of medicine, internal and topical. Under the title of Remedies other than Drugs is presented a number of agents, like heat, cold, rest, mineral waters, transfusion and the like, each of which is adequately discussed.

The division of the book devoted to diseases and their indications is arranged in alphabetic sequence, each disease receiving brief, but explicit consideration, under every heading sufficient prescriptions being suggested to answer the purpose of the book, more to guide the practitioner in treatment than to present an exhaustive handling of each subject.

The work is concluded with a dose list and a very comprehensive index.

DYER.

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*The Practical Medicine Series of Year Books, Vol. VI, General Medicine.* Edited by FRANK BILLINGS, M. S., M. D., with the collaboration of S. C. STANTON, M. D., Chicago. The Year Book Publishers.

The present volume is the second volume of the Practical Medicine Series on General Medicine, fully covering with the most recent views, the subjects of diseases of the alimentary tract and allied organs and of the summer diseases. We cannot but endorse the favorable opinion of the medical press on this particular volume of the series. It bears the characteristic features of the whole work; it is practical and of convenient size, complete, seasonable and full of fresh material.

DUPAQUIER.

*Gibson's and Russell's Physical Diagnosis*, third edition, revised and rewritten by FRANCIS D. BOYD, C. M. G., M. D., F. R. C. P. (ED.) D. Appleton & Co., New York, 1902.

This is an elementary work on the Essentials of Clinical Diagnosis. The illustrations are very good and very serviceable. In aiming at conciseness and compactness, omissions are unavoidable. But it is a well written course for beginners, fruitfully leading to the reading of larger works.

DUPAQUIER.

## Publications Received.

*Photographic Atlas of the Diseases of the Skin*, by Geo. Henry Fox, M. D. Part XVI. J. B. Lippincott & Co., Philadelphia and London, 1902.

*The Treatment of Tabetic Ataxia*, by Dr. H. S. Frenkel; translated and edited by L. Freyberger, M. D. P. Blakiston's Son & Co., Philadelphia, 1902.

*A Nurse's Guide for the Operating Room*, by Nicholas Senn, M. D. W. T. Keener & Co., Chicago, 1902.

*Valid Objections to So-called Christian Science*, by Rev. Andrew F. Underhill.

*Medical Directory of New York, New Jersey and Connecticut*, 1902. New York State Medical Association.

*Transactions Louisiana State Medical Society for 1902*. Wm. M. Perkins, M. D., Secretary.

*Transactions American Dermatological Association for 1901*. F. H. Montgomery, M. D., Secretary, Chicago.

*A Text-Book of Anatomy by American Authors*. Edited by Frederic Henry Gerrish, M. D. Lea Brothers & Co., Philadelphia and New York, 1902.

*Serum-Therapy in the Light of the Most Recent Investigations*, by Frederick W. Stetson, M. D.—Snow & Farnham, Providence, 1902.

*Essentials of Diseases of the Ear*, by E. B. Gleason, M. D.—W. B. Saunders & Co., Philadelphia and London, 1902.

*Essentials of Histology*, by Louis Leroy, M. D.—W. B. Saunders & Co., Philadelphia and London, 1902.

*Atlas and Epitome of Traumatic Fractures and Dislocations*, by Prof. Dr. H. H. Helferich; edited by Joseph C. Bloodgood, M. D.—W. B. Saunders & Co., Philadelphia and London, 1902.



*Surgical Principles and Diseases of the Face, Mouth and Jaw*, by H. Horace Grant, M. D.—W. B. Saunders & Co., Philadelphia and London, 1902.

*A Text-Book of Materia Medica, Therapeutics and Pharmacology*, by George F. Butler, M. D.—W. B. Saunders & Co., Philadelphia and London, 1902.

*The Treatment of Fractures*, by Charles L. Scudder, M. D.—W. B. Saunders & Co., Philadelphia and London, 1902.

*International Text-Book of Surgery*, by American and British authors. Vol. I and Vol. II. Edited by J. Collins Warren, M. D., and A. Pearce Gould, F. R. C. S.—W. B. Saunders & Co., Philadelphia and London, 1902.

*Diet and Food in Relation to Strength and Power of Endurance*, by Alexander Haig, M. D.—P. Blakiston's Son & Co., Philadelphia, 1902.

*The Public and the Doctor*. Published by Dr. B. E. Hadra, Dallas, Texas.

*Transactions of the State Medical Association of Texas—1902*

*Manual of Gynecology*, by Henry T. Byford, M. D.—P. Blakiston's Son Co., Philadelphia, 1902.

*Transactions of the Medical Association of the State of Alabama—1902*.

*The Practical Medicine Series of Year Books*. Edited by Gustavus P. Head, M. D. Volume I, General Medicine, edited by Frank Billings, M. D., and J. H. Salisbury, M. D.—The Year Book Publishers, Chicago, 1902.

*Genito-Urinary and Venereal Diseases*, by Louis E. Schmidt, M. D.—Lea Bros. & Co., Philadelphia and New York, 1902.

*Diseases of the Skin*, by Joseph Grindon, M. D.—Lea Bros. & Co., Philadelphia and New York, 1902.

*A Text-Book of Pathology and Pathological Anatomy*, by Dr. Hans Schmaus.—Lea Bros. & Co., Philadelphia and New York, 1902.

*A Text-Book of the Science and Art of Obstetrics*, by Henry J. Garrigues, M. D.—J. B. Lippincott Company, Philadelphia and London, 1902.

*International Clinics*. Vol. III. Edited by Henry W. Cattell, M. D.—J. B. Lippincott Company, Philadelphia, 1902.

*Physician's Pocket Account Book*, by J. J. Taylor, M. D.—The Medical Council, Philadelphia, Pa.

*The Blood; How to Examine and Diagnose Its Diseases*, by Alfred C. Coles, M. D.—P. Blakiston's Son & Co., Philadelphia, and J. & A. Churchill, London, 1902.

*Handbook of Materia Medica, Pharmacy and Therapeutics*, by Sam'l O. L. Potter, M. D.—P. Blakiston's Son & Co., Philadelphia, 1902.

*Diabetes Mellitus: Its Treatment and Cure, Clinical Reports*.—Published by Charles Roome Parmele Company, New York.

*List of Louisiana Lands for Sale*.—Issued by Board of Agriculture and Immigration, Baton Rouge, Louisiana, 1902.

*A Treatise on Massage*, by Douglas Graham, M. D.—J. P. Lippincott Company, Philadelphia and London, 1902.

*Memoranda on Poisons*, Thos. Hawkes Tanner, M. D.—P. Blakiston's Son & Co., Philadelphia, 1902.

*Text-Book of Medical Jurisprudence and Toxicology*, by John J. Reese, M. D.—P. Blakiston's Son & Co., Philadelphia, 1902.

*A Text-Book of the Disease of the Ear*, by Prof. Adam Politzer, M. D.—Lea Bros. & Co., Philadelphia and New York, 1902.

*The Elements of Bacteriological Technique*, by J. W. H. Eyre, M. D.—W. B. Saunders & Co., Philadelphia and London, 1902.

*Diseases of the Bronchi, Lungs and Pleura*, by Prof. Dr. Friedrich A. Hoffman, Prof. Dr. O. Rosenbach and Dr. E. Aufrecht, edited by John H. Musser, M. D.—W. B. Saunders & Co., Philadelphia, 1902.

*Diseases of the Pancreas and Their Surgical Treatment*, by A. W. Maye Robson, F. R. C. S., and B. G. A. Moynihan, F. R. C. S.—W. B. Saunders & Co., Philadelphia and London, 1902.

*Diseases of the Eye*, by G. E. de Schweinitz, M. D.—W. B. Saunders & Co., Philadelphia and London, 1902.

*The American Text-Book of Obstetrics*. Edited by Richard C. Norris, M. D. Two Volumes.—W. B. Saunders & Co., Philadelphia and London, 1902.

*The Development of the Human Body*, by J. Playfair McMurrich, Ph. D.—P. Blakiston's Son & Co., Philadelphia, 1902.

## Reprints.

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*Drug Habit: Review of Articles by Drs. Hare and Lott*, by Geo. E. Pettey, M. D.

*Presence of Tetanus in Commercial Gelatin*, by John F. Anderson.

*Ring Test for Indol—Collodium Sacs*, by S. B. Grubbs and Edward Francis.

*Microphotography with Simple Apparatus*, by H. B. Parker.

*Enteroptosis and Pregnancy*, by Charles D. Aaron, M. D.

*Bulletin of the Health Department—Chicago, 1902.*

*Remarks on Intrathoracic Pressure, with the Illustrations of the Author's Method of Lung Immobilization*, by Charles Denison, M. D.

*The Michigan Medical Society; Its First Eighty-three Years; Present Wants and Suggestions for Their Supply*, by Leartus Connor, M. D.

*X-Rays as a Therapeutic Agent*, by A. V. L. Brokaw, M. D.

*The Modern Treatment of Fractures of the Lower End of the Radius as Indicated by the Röntgen Rays. The Medicolegal Value of the Röntgen Rays. The Pathology of the Tissue Changes Caused by the Röntgen Rays, With Special Reference to the Treatment of Malignant Growths. Aus einer Discussion über Appendicitis*, by Von Carl Beck, M. D.

*The Complications of Phimosis, With Treatment—Wounds, With a Discussion of What Constitutes Rational Treatment*, by Frederic Griffith, M. D.

*Inflammation of the Mastoid Cells*, by Samuel Theobald, M. D.

*Chancre of the Tonsils*, by William Cheatham, M. D.



## MORTUARY REPORT OF NEW ORLEANS.

(Computed from the Monthly Report of the Board of Health of the City of New Orleans.)  
FOR OCTOBER, 1902.

CAUSE.	White.	Colored.	Total.
Fever, Intermittent .....	2	3	5
“ Typhoid or Enteric.....	6	2	8
Cholera Nostrus.....	...	1	1
Pyemia (Septicemia).....	2	...	2
Scrofula .....	...	1	1
Syphilis .....	1	...	1
Diabetes .....	2	...	2
Puerperal Diseases.....	3	1	4
Bronchitis .....	1	2	3
Diphtheria.....	3	...	3
Alcoholism .....	2	...	2
Aneamia.....	2	...	2
Whooping Cough.....	1	1	2
Pneumonia .....	6	6	12
Cancer.....	12	7	19
Tuberculosis.....	53	38	91
Diarrhea (Enteritis) .....	17	7	24
Dysentery .....	3	...	3
Hernia .....	3	1	4
Hepatic Cirrhosis .....	6	3	9
Other Diseases of the Liver.....	2	2	4
Peritonitis .....	3	3	6
Congenital Malformations .....	1	1	2
Debility, Senile.....	20	7	27
“ Infantile .....	12	3	15
Bright's Disease (Nephritis) .....	27	16	43
Dropsy .....	...	2	2
Heart, Diseases of .....	31	25	56
Apoplexy and Congestion of Brain .....	5	6	11
Softening of Brain.....	2	...	2
Meningitis .....	6	2	8
Appendicitis.....	1	...	1
Tetanus, Causes Ill-Defined .....	7	6	13
Trismus Nascentium .....	4	4	8
Injuries.....	10	8	18
Suicide .....	4	1	5
All Other Causes.....	29	14	43
TOTAL.....	289	173	462

Still-born Children—White, 21; colored, 10; total, 31.

Population of City (estimated)—White, 223,500; colored, 81,500; total, 305,000.

Death Rate per 1000 per annum for Month—White, 15.51; colored, 25.47; total, 18.17.

## METEOROLOGIC SUMMARY.

(U. S. Weather Bureau.)

Mean atmospheric pressure..... 30.04  
Mean temperature..... 70.  
Total precipitation..... 2 42 inches.  
Prevailing direction of wind, northeast.

# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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## Original Articles.

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[No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. A complimentary edition of fifty reprints of his article will be furnished each contributor should he so desire. Any number of reprints may be had at reasonable rates if a WRITTEN order for the same accompany the paper.]

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### CANCER OF THE BREAST.\*

By E. D. MARTIN, M. D., Professor of Minor and Clinical Surgery, New Orleans  
Polyclinic, New Orleans.

In this day of rapid progress, with an eager and restless profession ever alert to the importance of unearthing every hidden mystery which could possibly interest the medical mind, there is scarcely a subject of interest to the surgeon, physician or specialist which has not been probed to its very depths. So much has been written in regard to cancer of the breast and so many theories are still being advanced by our greatest authors as to its etiology, that it would seem a hopeless task for me to throw new light upon the subject. Nor is it my purpose to do so.

To meet the requirements of the Society this paper must needs be brief; furthermore, I feel that the time would be better occupied in relating my personal experience from close observation than by a compilation of abstracts from the current

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\* Read at Shreveport meeting Louisiana State Medical Society, June, 1902.

literature. Statistics show that cancer of the breast is on the increase. It stands third on the list to-day. Roswell Park has stated he believed in ten years it would equal the mortality of consumption, small-pox and typhoid fever. No cure has been discovered. The best means at our command is preventative, and that this is possible I am more than convinced. In the past eight years I have treated seventy-eight cases of tumors of the breast of different varieties; of this number sixty-six were malignant and twelve were small fibromata. Of the sixty-six, I operated upon fifty-two. The remaining fourteen were inoperable. On sixteen of the fifty-two I performed Halsted's operation, removing the supra-clavicular glands in two cases. In the thirty-six remaining, I modified the operation to meet the requirements, removing the great pectoral in a majority of these cases.

Of the total number of patients fifty-six were colored and twenty-two were white; of the twenty-two white, ten had malignant tumors and twelve non-malignant. In the colored subjects all were malignant. I regret to say I have no statistics of these cases.

Of the fifty-six colored patients I can account for eighteen only. One I saw nearly three years after operation, perfectly well; another, two years after, well; and a third six months after, with no evidence of return. Twelve were readmitted within three to six months from date of operation with return of the disease, either in the scar tissue or axilla. In the cases of the white subjects I can account for a larger percentage. One lived two years after operation, two six months after and one eighteen months. Every one of these cases of carcinoma was in the advanced stage, with axillary involvement, and no doubt many of them have succumbed to the disease.

The twelve operated upon for small fibroid tumors I have thus far been able to keep under observation. Several were operated upon more than six years ago. They have had no trouble since. In this simple fact is illustrated a great truth. We must aim rather to prevent cancer than to cure it. The sooner we learn to look upon every tumor of the breast as a menacing danger to life, the better for womankind. If these tumors are discovered in time and removed while small and inoffensive, the gland need not be sacrificed. Once, however,



they assume a malignant type, not only, says Halsted, must the breast be removed *in toto*, but the axillary space thoroughly freed of fat and glands. This advice is most wise, but at best is no guarantee. Quoting from an article by W. L. Rodman, he states that there are two superficial sets of lymphatic vessels. In addition to the axillary set so dwelt upon by Sappey, a second set drains the sternal half of the gland, and passes through the second and fourth intercostal spaces to discharge its contents into the lymphatic glands of the anterior mediastinum.

There are also three deep sets of lymphatic vessels. One, beginning in the mucous membrane of the milk ducts and acini drains the deep portion of the axillary half of the gland, joins with the superficial set in the axilla, and forms with it a network which surrounds the axillary vein almost or quite up to the clavicle.

A second set drains the deeper portion of the sternal half of the gland, perforates the second and fourth intercostal spaces, follows the course of the internal mammary artery, to finally empty, together with the superficial set. On the right side they intermingle with the lymphatics of the liver. Hence it is easy to explain the frequent implication of the mediastinal glands, causing the bulging of the bone or "sternal symptoms" of Snow, in cancers originating in the sternal half of the gland.

A third deep set drains the middle of the base of the gland and retromammary tissues, then perforates the intercostal muscles and spaces to follow the course of the intercostal arteries to the spine, affording a ready explanation of those cases ultimately complicated with spinal symptoms, even paraplegia.

Thus it can be seen how difficult, and in some instances impossible, it is to remove the lymphatics. I have seen one case showing the sternal symptoms of Snow, referred to by Dr. Rodman, and one complicated with spinal symptoms, these manifesting themselves within three months after removal of the breast. It is estimated that ninety per cent. of mammary neoplasms are malignant—another argument in favor of early operation.

From my observations, I am convinced that few cases are permanently cured, even by the most extensive operations, where the retromammary tissues are involved and adhesions

hold the gland firmly to the chest walls. We must operate while the gland is free and before axillary involvement has occurred, with the hope that only the superficial and axillary set of lymphatics which are within reach of the knife are involved. Otherwise, being cut off from the parent tumor, they seem to take on new life and seek new fields to prey upon. In lecturing, I usually divide my cases into two sets—the medullary or soft variety and the scirrhus or hard. Other forms are rare. I have seen but one case of Paget's disease of the nipple and only two of colloid carcinoma. One was that of a young woman less than thirty years of age. The disease had progressed rapidly, the breast giving the appearance of being greatly distended; the superficial vessels were prominent. The patient was operated upon against my advice; in three weeks after the first operation the remaining breast became involved. This, too, was removed, and she finally died of cancer of the liver within a short time of the second operation. About 12 per cent. of my cases have been under 40 years of age, 52 per cent. from 40 to 50, and 14 per cent. from 60 to 65.

I have been much impressed by the lack of knowledge displayed by our Northern brothers in regard to the frequency of cancer of the breast in the colored race. They speak of it as extremely rare in the negro. Rodman is the only writer who seems to have taken the trouble to investigate this matter, and states that from statistics gathered from the hospitals of Louisville, the disease is as frequent in the negro as in the white race. As I have stated, of the seventy-eight cases treated by me, fifty-six were colored and were treated in my ward at the Charity Hospital within the past six years. In looking over the reports of the Charity Hospital from 1890 to 1900, inclusive, I find a total of 279 cases. Of these 111 are white, 117 colored, and in 51 color is not given. This seems to confirm Dr. Rodman's statement, which I believe is correct. Although we can not rely upon the hospital reports, as it is probable that more white than colored women are operated upon outside of the hospital, it is also true that more colored than whites with cancer of the breast are not operated upon at all. The increased mortality from these reports also proves that the colored patients postpone treatment until it is too late. In the 279 cases

referred to the mortality in the blacks was 25 per cent., in the whites only 9 per cent.

That traumatism is a large factor in the causation of cancer seems probable, as it is so frequent among the class of women who do manual labor, thereby subjecting the mammæ to constant friction, not even affording them the protection of a corset. That we are still in the dark as to the etiology of cancer, is certain; but with the good work going on under the direction of Roswell Park and other great scientists, let us hope that we may yet arrive at the truth and with it a means of cure.

The X-Ray is holding out a new hope, but the work done so far is too recent to be judged.

There is within our means one certain method of eradicating this disease, and it is now that I appeal to you, both as surgeons and physicians, to apply it, and apply it vigorously. That means is preventive, and not curative. The average physician, I am convinced, is lax in his methods of examination. Usually burdened with a large practice, he is satisfied to give his attention to such complaints as the patient may indicate, not knowing that a grave and threatening danger is hidden from view. When examining a female patient, why not add to the usual routine form of questions such as would direct attention to the breast? I have been so much impressed for the past two years with the importance of early operation that I make it a practice to ask the question, and twice have been rewarded for my pains.

One patient, a young married woman, in whom there was no suspicion of trouble at the time, returned six months later with a small fibroma, which was quite painful, and which I removed with local anesthetic, giving her instant and permanent relief, both mentally and physically.

Another case I have under observation at present, and unless the symptoms subside, within a reasonable time, I shall remove the growth.

For the cure of cancer, early operation is necessary; for the prevention of cancer, removal of the source of danger. Do not wait until it presents itself in a threatening form, but seek it in its harmless state and draw its fangs before they are fastened too deep into its victim to be eradicated.

The gynecologist has already so trained the feminine world that women flock to his consultations, not because they have



tumors, but because they fear them. Let us sound the danger signal with a note of warning, that though abdominal tumors are a menace to life, mammary tumors are a danger.

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## Clinical Reports.

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### A CASE OF PROLONGED GESTATION.

By B. A. COLOMB, M. D., Union, La.

Mrs. J. M., age 30, pregnant for the second time. Herself and husband of average size. First child  $2\frac{1}{2}$  years old, delivered normally at term after a rather prolonged labor; weight  $11\frac{1}{2}$  pounds.

Last menstrual period began September 13, 1902, lasting three days. No complications during pregnancy. Labor calculated for June 20. About that period the woman had uterine pains about three days after a rather profuse flow of milk from the breasts, lasting several days.

From this time she complained that the child was growing upwards, under the ribs, and was not like the other one. She stated to me that she would never deliver herself and requested an examination to determine that question. An examination made July 10, showed the head presenting, high up anteriorly, the uterine enlargement extending higher than normal. The opinion was expressed that the child was large, but in view of the fact that the first one weighed  $11\frac{1}{2}$  pounds, no trouble was to be expected in the present instance.

July 12 labor came on, the presentation being L. O. A. After six hours of good pains there was but slight engagement of the head. Delivery was then attempted with forceps (Holt's). These advanced the head somewhat, but finally slipped. After several attempts and pushing the blades higher up so as to get them further back on the occiput, and by unusual compression of the handles, the child was finally extracted. The forceps were not able to grasp the head owing to its size, and held only when it had come down a little and could reach around the occiput. The head was very large and showed the tremendous

pressure to which it had been subjected. The child weighed 13½ pounds and died a few moments after birth. Except for a partial paralysis of the right leg the woman had no complications.

The dystocia arose partly from the size of the child, but mainly from the mature cranium which failed to yield. A woman who could safely deliver a child of 11½ pounds at one time should not have any great difficulty with a child weighing only two pounds more, unless some additional cause were present.

The determination of prolonged pregnancy is not an easy matter, since there are so many liabilities to error. In this case the fact that the child was evidently of unusual size, the effort at labor at the set time and subsequent flow of milk should have been evidence enough. The proper management of such a case resolves itself into two methods of procedure:

(1) Termination of the pregnancy at the prescribed limit of time.

(2) Symphysiotomy, which would have saved the child, but increased the mother's risk. She had specially requested not to be cut under any circumstances, even had we been in a position to do the operation.

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**MULTIPLE URETHRAL (PERINEAL) FISTULÆ OF EIGHT YEARS' DURATION—EXTERNAL URETHROTOMY, MODIFIED COCK'S PROCEDURE—ANAMNESIS—PRELIMINARY OBSERVATIONS.**

By B. A. TERRETT, M. D., Natchitoches, La.

White male of 35, single, a native of Louisiana, section foreman by occupation. Has always been healthy except for diseases incident to childhood. Has been somewhat dissipated at times, imbibing quite often to excess. During a pronounced spree he contracted a very obstinate case of gonorrhea in the fall of 1892. After partaking generously of several patent medicines and seeing no apparent change in the course of the disease, he eventually (two and a half weeks later) consulted a physician, who cured the purulent discharge after some three weeks. In the meantime he was unable to see the physician, owing to his work, which carried him some distance from home,

but he continued to faithfully carry out the instructions until a marked diminution in the discharge had occurred. Then he desisted from ulterior medication, imagining that the inflammatory process had entirely subsided. Some weeks later he began to experience some little difficulty in urinating, and for the first time witnessed a decided diminution in the calibre of the urinary flow. Preferring to defer further treatment until certain work had been completed, which necessitated his presence and which could not be finished for nearly two weeks longer, he allowed the condition to progressively grow worse, and, when forced to seek medical aid, an acutely painful swelling about the size of a hickory nut had occurred in the region of the perineum about a half centimetre to the left of the raphe, which finally ruptured and discharged a deciliter of semi-tenacious and yellowish pus. From this adventitious opening some urine soon began to escape during the act of micturition. In the meanwhile, the natural channel gradually became blocked by the stricture, which soon successfully defied the escape of any vestige of urinary output by the natural route, and the bladder could only be emptied by the artificial avenue created by the abscess. Attempts were made by the physician to enter the bladder by the normal route, but all efforts were futile, and, refusing a radical operation—external urethrotomy—he was dismissed from further treatment. For eight years he allowed himself to linger thus, was forced to wear a perineal cloth pad to protect himself from the discharge, both of pus and at times some urine from the fistulous tracts, and suffered also from a recurrence of three other perineal abscesses during this time, which, in turn, formed urinary fistula. On October 11, 1900, I was called in consultation with my friend, Dr. Z. T. Gallion, to see the patient, who was now suffering from a distressingly painful attack of cystitis.

**PHYSICAL EXAMINATION.**—Patient is restless and apparently in much distress; complains of severe pains in back, in trevesical region, and in perineum. Is compelled to void water every twenty or thirty minutes, and during the act of micturition suffers intensely. Pulse strong and regular but somewhat quick, 120; some pyrexia, 103 F. Examination of the heart and lungs shows these organs to be intact. Inspection of the perineum reveals three small orifices in this region, through which a seepage of pus and urine can be seen to take place. Internal



medication was deemed the most advantageous procedure for the time, and urotropin tablets, grs.  $7\frac{1}{2}$ , were given six hours apart, while the temperature was controlled by hydro-therapeutic measures, viz.: ice caps and cold sponging. A specimen of urine obtained on the second day disclosed the following: Slightly alkaline in reaction, sp. gr. 1018, chemic examination revealed an excess of phosphates, and the microscopic returns showed leucocytes, pus cells, bladder epithelia and triple phosphates. In the course of a week the temperature had fallen practically to normal; there was a complete subsidence of pain, and urine analysis showed a decided improvement, while the patient's general physical status seemed ameliorated. It was considered feasible now to attempt a search through the penile urethra for a possible opening in the stricture which would permit the passage of a filiform and thus reach the bladder, and by threading over this a Goulet sound, bring about gradual dilation and ultimate restitution of the canal. Accordingly one deciliter ( (?) Ed. ) of a 4 per cent. sol. of cocain was injected into the penis and retained in the canal for two minutes, after which time there was absolute deprivation from pain in, or even sensitiveness of, the urethra. A circumspect and painstaking search was made to gain an entrance by this method, but with negative results. Further efforts were abandoned, and the only remedy—external urethrotomy—was advised and accepted by the patient, who was now willing to submit to surgical interference for substantial relief. Two days later the operation was done.

OPERATION.—In view of a history of previous excessive alcoholism and in response to importunate entreaties on the patient's part, to employ some method other than general narcosis to allay the pain incident to the operation, it was decided to resort to local analgesia, with cocain, sols. 1-5 of 1 per cent. and 1 per cent. Prior to resorting to Cock's method of perineal section, it was decided to again attempt an entrance into the bladder by cocainizing the urethra with a 4 per cent. sol. and search for a possible avenue by means of filiforms, but all efforts in this direction were unavailing. Wheelhouse's procedure of cutting above the stricture was finally abandoned as impracticable because (1) of more than probable complete obliteration of the canal at the site of the stricture; (2) failure to locate an orifice above the stricture which would lead ulti-

mately to the bladder would, of necessity, prolong the operation and tax the full powers of endurance of the patient, and probably frustrate for the time the sub-stricture incision of Cock. The skin was infiltrated immediately on the raphe for a distance of 2-3 decimeter with a 1-5 of 1 per cent. sol. (4 c c being used) and sub-cutaneous or deep injections were practised with 3 c c of a 1 per cent. sol. An incision was carried through the length of the edematized field and cautiously forward towards the urethral tract. A large mass of cicatricial tissue encompassed the perineal urethra nearly its entire length, which served to retard very seriously the rapidity of the operation and also operated in frustrating the easy and rapid identification of the urethral tube. After cutting down through the field of amalgated perineo-peri-urethral tissue, for a distance of one and one-half centimeters and being still unable to locate the urethral tract, a probe was introduced into one of the fistulous tracts by one of my assistants (Dr. Stephens) and projected towards the bladder, and with my left index finger in the rectum and impinging upon the prostate, the incision was carefully and slowly carried deeper and the field of operation inspected regularly in order to avoid, if possible, the invasion and the possible severance of the artery of the bulb, and after attaining a maximum of about a half decimeter, the cutting edge of the scalpel finally encountered the probe; this was now withdrawn, and a critical scrutiny of the field disclosed the urethra which was partially opened. After enlarging the opening, a rubber catheter was carried in the bladder, stitched in situ and the viscus irrigated with a warm sol. of boracic acid 2 per cent. The fistulous tracts were laid open under cocain, curetted, and packed and six days after the primary perineal section, a secondary operation under the same analgesic was done, which permitted the passage of the catheter through the penis into the bladder, and the wound was allowed to heal gradually around the tube, thus ultimately restoring the normal continuity and function of the urethra while the spurious urinary channels in the perineum, in the meantime, healed without incident. The bladder was irrigated twice daily with 2 per cent. boracic sol. for a couple of weeks and urotropin tablets were given three times a day.

A search was made for vesical calculus but with negative results.

One week after the secondary operation epididymo-orchitis on the left side supervened, which, despite all antiphlogistic measures, such as ice cap, application of 20 per cent. silver nitrat sol. and a well fitting suspensory, eventually culminated in abscesses formation, which was promptly incised under cocain, irrigated and drained and latterly healed. The urethrotomy wound was completely obliterated in six weeks and the gradual dilatation of the canal a few millimeters each day by steel sounds was practised for a month after the final healing, until a No. 12 American could be tolerated without apparent disturbance. The patient was supplied with a sound to use himself, and was discharged 2 months after the primary operation with a normal functioning urethra. When last seen, January, 1902, the patient was in excellent health, had gained steadfastly in weight and still possessed an intact urethral canal.

CONCLUSIONS: There are a few interesting features associated with the above report, which, I may briefly recall as follows:

(A) A primary gonorrhea, followed by stricture, with a subsequent formation of perineo-periurethral abscesses, which rupturing externally, and latterly communicating with the urethra, permitted the development of multiple urinary fistulae.

(B) The final consummate destruction of the urethra for over a centimeter in length, by the stricture formation (annular stricture) thus permanently occluding the natural passage and diverting the urinary flow necessarily through the artificially acquired channels in the perineum.

(C) The exceptionally long duration of the condition extending over a period of 8 years.

(D) The occurrence of suppurative epididymo-orchitis.

(E) \*The utilization of local infiltration of cocain for securing analgesia.

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\*I have employed to a very satisfactory degree the local infiltration of cocain in nearly every case of minor surgery which has come under my care during the past 18 months, and in certain major cases the results have indeed been most gratifying. Among the latter I might cite 2 inguinal herniotomies, 2 exploratory laparotomies, osteotomy for osteomyelitis, in which several inches of the tibia were involved, also a case of perineorrhaphy and anterior colporrhaphy. These latter cases represent rational and non-excitabile adults.



CONGENITAL ABSENCE OF RECTUM; GUT-TRACK OPENING  
IN BLADDER.

By J. E. DOUSSAN, A. M., M. D., Litcher, La.

Male, born at term, April 29, 1902, at 9 P. M. Parents, mulattoes, with good health and good family and personal histories. Mother IV-para. Previous children normal. Pregnancy and labor (in charge of midwife) normal.

Nothing abnormal suspected until end of first twenty-four hours, suspicions aroused by failure of meconium to appear in diapers. I was summoned April 30 at 6 P. M. Found infant robust, tissues firm, thoracic organs normal, left arm shorter than right by good inch, absence of thumb on left hand. Genital organs normal; no fissure *inter nates*; perineal body, dense, firm, columnar and thick. No fluctuation, no bulging when infant strained or firm pressure was made on abdomen. In the skin, a little below tip of coccyx, was a slight pucker, which was probed in the hope of finding an outlet. I advised immediate operation which was consented to by ignorant parents only twenty-four hours later. Assisted by Mr. Gaston Gaudet, medical student, perineal section was done under cocaine anesthesia. Dissection was slow and careful in the hope of early encountering rectum or a fibrous appendix to it. After dissecting through perineum, backward and downward, towards coccyx and sacrum, a dense mass of fibrous tissue was encountered, occupying lower pelvis like a plug. This was removed in shreds. No trace of rectum could be felt. Floor of peritoneal cavity impinged on examining little finger; vermiform masses of small intestines could be felt. While exploring pelvis for rectum, pressure was made upward and forward in direction of bladder, which induced straining as for a stool. The urine was forcibly ejected. About 3ii of clear fluid was passed; then the stream appeared turbid, brownish and grumous; some of this was caught and found to consist of meconium suspended in urine. This fact and failure to find rectum demonstrated that the gut track opened in bladder. Colostomy was now indicated by the condition; but for many reasons it was evident that success was impossible. In addition, parents requested me to desist. Hemorrhage of operation was almost nil; no shock. Infant rested comfortably during the night. Stercoraceous vomiting set in the ensuing day, the vomit consisting at first of fecal matter, then of meconium. Meteorism was prominent. High fever developed; cystitis; death thirty-six hours after operation and eighty-four after birth. Post-mortem refused.

# N. O. Medical and Surgical Journal

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## Editorial Department.

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CHAS. CHASSAIGNAC, M. D.

ISADORE DYER, M. D.

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### THE AMERICAN PUBLIC HEALTH ASSOCIATION.

No more opportune gathering was ever held in the Crescent City. Delegates from the sister republic of Mexico and the Dominion of Canada earnestly considered almost every phase of sanitary progress and in lines of practical interest and purpose.

It is a gratifying retrospect to consider the history of this body, now over thirty years old. Beginning with a limited object of urging the importance of States' supervision of health matters and of vital statistics, the association has spread its broad usefulness over the whole northern half of the American Continent, and has even touched the southern half. Distinguished municipal and national sanitarians of Canada and Mexico, delegates from the United States Army and Marine Hospital Service and noted laboratory and clinic experts joined forces here with sanitary engineers solely for the public good.

In the mass of discussion which obtained at the meeting the importance of many points may be lost sight of and the far-reaching good of such a convention can only be known when its work has been fulfilled. The modern aspect of quarantine, with a relegation of the barbarities; the purification of urban water supplies; mosquito theories of disease; disinfection principles and the isolation of infectious cases; the national supervision of leprosy; these were among the galaxy of enlightening topics brought out in the meetings so excellently attended.

In another place in this number of the JOURNAL we have presented some of the salient matter, but the published work of

this meeting should be read and digested by every one interested in sanitary advance, and to none is this more to be recommended than to the citizens of New Orleans, lay and professional.

The seed of education must bear great fruit, and for the future our city of the gateway to the Gulf should profit in every line and fact brought out by these distinguished gentlemen who have worked with us and solely *pro bono publico*.

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#### THE HUTCHINSON LEGACY TO TULANE.

The student of education and of the history of its evolution must recognize the epochal story which characterizes the advance of every great university from school beginnings. Few colleges have begun great, and merit in endeavor and in achievement has sooner or later gathered the reward of the effort.

Our Tulane has only by occasional steps been recognized and put a little ahead through the philanthropy of citizens who have seen into the future and discerned the part that education must play.

In latter years the Tulane Medical Department has grown from a famous [into a better school and within a very few years the effort has been made to develop this alma mater of ours into an institution the standard of which shall be second to none.

The death of Mr. A. C. Hutchinson and a consideration of something like a million dollars will afford a still further opportunity to attain the desired end.

We have spared no occasion to sound our own blast of announcement of New Orleans' possibility as a medical center and as the means increase the crystallization of the possibilities into tangible opportunities must eventuate.

We are proud of Tulane's gift and, while we may speak our thanks, we are hopeful that this accretion of power expressed in available wealth may be so administered as to broaden the purposes of the first medical school of the South into that university atmosphere which would so well become it, and which the testator, Mr. Hutchinson, evidently conceived in his generous philanthropy.

In the same spirit of simultaneous benevolence to the destitute sick and to medical education, the one through the other, Mr. Hutchinson bequeathed \$20,000 to the Eye, Ear, Nose and



Throat Hospital of this city. This will be of valued assistance to a worthy institution which is making a persistent and laborious effort to build itself a new home.

These legacies, together with the donation by the same person some time before his death of \$50,000 for the building of a Nurses' Home at the Charity Hospital, constitute an important contribution to the dual cause of charity and medical education.

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## Abstracts, Extracts and Miscellany.

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### Department of General Surgery.

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In charge of DR. F. W. PARHAM, assisted by DR. F. LARUE, New Orleans.

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THE IRRATIONAL STARVATION TREATMENT OF APPENDICITIS.—Deaver, in a paper read before the last meeting of the American Association of Obstetricians and Gynecologists, and just published in the November issue of the *American Journal of Obstetrics*, takes strong ground against the plan advocated so persistently by Ochsner in certain stages of appendicitis. Believing that this matter must be carefully considered by the general practitioner, who is so frequently first in charge of a case, as well as by the surgeon, who may be called in to give the ultimate decision as to the plan to pursue in the management of the case, we have thought it well to state briefly the views of the advocates of the two opposed plans. Ochsner, like Deaver, believes in early operation and he believes in operation in interval cases; he takes original ground, however, with reference to certain cases already showing evidences of perforation of the appendix and threatening invasion of the general peritoneal cavity. In this class of cases, falling into the third category of Mynter's classification, Ochsner advises a waiting plan, with avoidance of all causes capable of exciting persistalsis. Starvation, or at best, cautious feeding by rectum, with absolute rest and gastric lavage are the main factors in bringing about his results, the

formation of protective adhesions about the infection atrium and supposed safer operative attack. The published statistics of Ochsner did seem to substantiate his claims, but now comes Deaver with a report of seventeen cases in which he has weighed the Ochsner plan in the balance and found it wanting. Of these cases, thus treated, the mortality was 35.3 per cent., and in some of the cases recovered, observations at the time of the operation convinced him that it would have been much easier and safer had the operative intervention been had at an earlier period and the starvation plan not have been pursued. Deaver contends, and most surgeons will agree with him, that no one can tell what will be the course of an infective process like that in appendicitis, and, further, he does not believe that the Ochsner method has any influence in checking peritoneal inflammation. "It is evident," he says, "that the gentlemen who make these claims have either been deceived, in that they encountered a different class of cases than we have, or that they have misjudged their cases. I believe that teaching the 'rest' or starvation treatment has and will raise the mortality of the disease under discussion, in that it cannot benefit nor improve the serious cases where the intraperitoneal lesion is extensive; that it defeats the cause of early operation; and last, but by no means least, it gives the attending medical man as well as the friends of the patient a false hope." In other words, it encourages delay and thus permits the septic process to advance to a stage where any treatment gives a high mortality. He is willing to admit that operation in the presence of an acute general peritonitis is hazardous, and that it is often better to wait in the hope that it will become localized, but he denies that the starvation plan can materially assist in bringing about this result.

Most of those who took part in this discussion aligned themselves with Deaver, and most surgeons will endorse the statement that it is often impossible to differentiate the cases that are hopeless and that might be saved by operation. If we could say in any case that it is hopeless it would be our duty not to interfere, and no dying man should be operated on, because such disastrous results make it difficult to bring other cases to early operation, but the facts remain that delay is dangerous in any stage, and no one can tell under any plan of treatment

what any case will do. Undoubtedly if all cases, taking them as they come, were operated upon immediately, the mortality would be much less than this under the present differing plans of early operation in some and delay in others.

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## Department of Obstetrics and Gynecology.

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In charge of DR. P. MICHINARD, assisted by DR. C. J. MILLER, New Orleans.

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HYSTERECTOMY FOR PUERPERAL INFECTION.—The *Revue de Gynécologie*, according to *The Journal of the American Medical Association*, contains a report by Treub of six hundred and ninety cases of puerperal infection who have recovered and thirty-four who died. In six of the cases who died there were no clinical signs of any infection outside of the uterus, but the autopsy disclosed acute septic nephritis, purulent thrombosis, or some other serious lesion in all but two. Consequently, out of the total number there were only two that might have been saved by a timely hysterectomy. He has collected 36 cases of ablation of the uterus as a means of treating puerperal infection, with no extra uterine localization or uterine complication such as retained placenta, fibromata, etc. Fifteen of the 36 cases recovered, and they might have done so without the hysterectomy, as he corroborates by certain cases in his experience which came to a spontaneously favorable termination although apparently doomed. Bacterial examination of the blood is no criterion. Treub has known cases of pyohemia following criminal abortion which recovered spontaneously, and consequently does not endorse Freund's opinion on this subject. Nor does he agree with Cartledge in his assertion that non-operative treatment of puerperal infection, if it is going to be successful, will arrest it in three days. Puerperal infection does not go by the clock, he remarks. He also refutes Vineberg's assertion that a pulse of a hundred and thirty indicates a fatal prognosis, as numbers of his patients who afterwards recovered had a higher pulse than this. In short, there are no absolute indications at present for hysterectomy in puerperal infection. In a



few exceptional cases it may succeed after obstetrical treatment has completely failed. In the same number of this journal, Leopold states that the antistreptococcus serum or some similar serum may yet prove effective in these cases. He urges careful search for all the foci of suppuration, and is inclined to believe that the extirpation of veins affected with suppuration will yet lead to brilliant successes in some of the severest cases of puerperal infection.

THE IMPORTANCE OF A MORE CAREFUL EXAMINATION AND TREATMENT OF WOMEN AFTER CHILDBIRTH.—Dr. Barton C. Hirst states in the *American Medicine*, November 29, that the medical profession is responsible for five-sixths of the diseases of women as they are met with to-day. Most of those consequent upon childbirth can be prevented or cured before they can affect the individual health. Every woman should be subjected to these examinations after labor; the first, within forty-eight hours, to detect injuries to the parturient tract; the second, before she leaves her room, to determine the position of the uterus; the third, at the end of six weeks, to observe the condition of all the pelvic structures and organs, the abdominal walls, the coccyx and position of the kidney. A woman should be left in as good condition after childbirth as before. In the Maternity Department of the University of Pennsylvania not one woman, if she takes the advice given her, leaves with any of the injuries of childbirth such as subinvolution, uterine displacement, diastasis of the recti muscles, injury of the coccyx, etc. The ordinary injuries due to lacerations are repaired after the first examination (within forty-eight hours). All injuries to the cervix have been repaired without exception in the University Maternity for several years past. He finds forty-eight hours should elapse after labor before closing lacerations of the cervix. A successful result can then be obtained whatever their extent or number, unilateral, bilateral or multiple. If there is a reason against early operation, *e. g.*, infection, the operation should be performed before or at the completion of the puerperium. He also pays attention to Waldeyer's triangle or urogenital trigonum, believing that unattended injuries have led to cystocele. In conclusion, he states that if all classes of society could secure the same good treatment which the poorest

are receiving in the modern maternity hospital, an advance will be made which will rank with vaccination, anesthesia and asepsis.

OPERATIONS UPON THE UTERINE APPENDAGES FOR STERILITY.—Dr. W. M. Polk (*Medical Record*, December, 1902), a pioneer in conservative surgery of the appendages, attempts to answer the following questions: Shall we operate upon the uterine appendages primarily for the cure of sterility? Are we warranted in advising such a procedure for such a complaint? Is it too dangerous to be applied to a state which does not involve life? An answer, and perhaps a sufficient one, can be found in the history of operations for sterility done in the past upon other sections of the genital canal. Thirty years ago operations upon the *uterus* for sterility were common. Women then faced a mortality, in the best hands, which placed the recognized operations upon the several parts of the uterus for sterility upon a footing with which the operation upon the appendages compare favorably.

In fact the mortality rate is even in favor of operations upon the appendages. He therefore thinks that we can affirm that the operation in question is no more dangerous than was the accepted operations upon the uterus thirty years ago.

A list of cases, personal, and gathered from literature, indicates the directions such operations should take. The mere freeing of these organs from adhesions, so as to restore them as far as possible to their normal position, seems all that is needed in many instances, care being taken to open up the fimbriated ends when closed, or partially closed. But if pyosalpinx, hydrosalpinx, or hemato-salpinx, be present, then it seems proper to remove all the dilated portion, leaving the cut end of the tube free. The mucous membrane of the tube in such cases always protrudes, a fact which accounts for the continued potency which prevailed in some of the cases cited.

Some operators stitch the open infundibula to the surface of the ovary, but this is hardly necessary if the normal connections between these organs are intact. If not, the cut end of the tube must be brought close to the ovary by shortening the mesosalpinx.

In dealing with the ovaries it is sufficient to act upon the principle that as much normal ovarian tissue is to be left as diseased

conditions will warrant. Just here it is pertinent to say that, so far, we are unable to determine in all cases the appearances which indicate the certain subsequent development of the more serious diseases of this organ, such as papilloma or large cysts. When this can be attained our choice of dealing with ovarian tissue will be more definite.

The paper was intended to draw special attention to that class of cases in which sterility is the leading complaint; perhaps the only one the patient considers, on which our best endeavors show the difficulty lies in the appendages. Great difficulties beset the conclusions in such work; but a correct conclusion can be reached even though it involves the comparatively harmless measure of vaginal incision for actual palpation of the suspected organs.

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## Department of Therapeutics.

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In charge of DR. J. A. STORCK, New Orleans.

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### IS ADRENALIN THE ACTIVE PRINCIPLE OF THE SUPRARENAL GLAND?

Aldrich, who has done so much excellent work upon this subject, reaches in the *American Journal of Physiology* for July the following conclusions:

1. All concentrated aqueous extracts of the suprarenal gland reduce Fehling's solution on boiling.
2. The adrenalin obtained from a certain amount of the aqueous extract reduces Fehling's solution approximately in the same proportion as the original extract from which it was obtained.
3. The mother liquor after removal of the greater part of the adrenalin, except in comparatively large amounts, does not reduce Fehling's solution.
4. Adrenalin is not a reduced form of the native principle, since it was obtained without the use of a reducing agent, such as hydrogen sulphide.
5. Adrenalin is the same whether obtained by using sodium carbonate solution or ammonium hydrate as a precipitant.
6. Epinephrin, and the other questionable products obtained from the gland must be oxidized, or, at least, a changed form of



adrenalin, the active principle, since they do not reduce Fehling's solution.

7. Adrenalin is identical with the copper-sulphate-reducing body, the blood-pressure-raising substances, as found in the gland, and is therefore the active principle of the same, and not a modified or changed form, as Abel contends.—*The Therapeutic Gazette*.

THE FEEDING OF CHILDREN IN THE SECOND YEAR.—At a recent meeting of the New York Academy of Medicine, T. S. Southworth (*Pediatrics*, June 15, 1902), read a paper on this subject.

Dr. Southworth outlined the following general plan of feeding as appropriate to children of this age: 7:30 A. M., breakfast, including a bottle of milk, 12 ounces; 11 A. M., bottle of milk with a crust of stale bread or a piece of zwieback; 2 P. M., dinner, with less milk as other food is increased; 6 P. M., supper, including a bottle of milk; 10 P. M., a bottle of milk. About the middle of the second year the bottle should be replaced by the cup except at the ten o'clock feeding at night. Soft-boiled eggs might be allowed every second day for breakfast, and the diet should be varied by mixing bread crumbs with egg, or with milk, or by giving crackers, broths and meat juices. Orange juice, if carefully freed from the pulp, and two or three prunes, freed from the skin, are useful additions to the diet. A mealy potato, baked, should be the first vegetable. Stewed celery and tender boiled onions might be given toward the end of the second year. Beef juice expressed from lightly cooked steak, Dr. Southworth considers very useful, even before the end of the first year, particularly in anemic babies. From one to three ounces should be given daily, but in children of nervous, rheumatic, or gouty parents, beef juice and broths must be used with caution. Toward the middle of the second year the fine white meat of poultry and scraped steak or mutton chop may be given. These young children should not be allowed to come to the family table, for the longer they can be kept from desserts and sweets generally the better. It is necessary to specifically warn the ignorant against giving their children tea, coffee and beer.—*The Dietetic and Hygienic Gazette*.

TETANUS FOLLOWING GELATIN INJECTIONS.—Margonniér and Hirsch (*Therap. Monatsch.*) utter a note of warning concerning the hypodermic administration of gelatin as an antihemorrhagic.

They have collected seven cases of tetanus, including two of their own, following the injections. In several of these cases abscesses had developed at the seat of injection. They conclude that the methods ordinarily employed for the sterilization of gelatin solutions are inefficient. Their method is to dissolve the gelatin in warm water, and steam at 100 deg. C. is forced through the solution for an hour. Even after this process they had several abscesses to occur at the point of injection. Dr. H. C. Wood, Jr., thinks that three repeated boilings would be a far simpler and more effective means of sterilizing gelatin solutions.

PROPHYLAXIS AGAINST NICOTIN POISONING.—Among the processes to render tobacco inoffensive to the nervous and cardiovascular systems, that of Gerold (*Bulletin de Therap.*) has given the best results. Gerold macerates tobacco leaves in a solution of tannic acid, which neutralizes the nicotin and other injurious active principles contained in the plant. In order then to restore the perfume of the tobacco, which is spoiled by the tannin, it is dipped in a decoction of *origanum vulgare*. Experience is said to prove that the toxic action of the tobacco has really been decreased by this means and that its use and even abuse is rendered almost innocuous.—*American Medicine*.

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## Department of the Ear, Nose and Throat.

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In charge of A. W. DEROLDES, M. D., and GORDON KING, M. D.,  
New Orleans.

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PRIMARY GANGRENE OF THE TONSILS.—Two cases of this unusual affection are described by Dr. Robert Fullerton, of Glasgow. The first was that of a physician who had become very much run down in health and who, after recovering from a very severe cold in the head, had an acute tonsillitis with temperature at 103. The appearance of the throat was that of acute follicular tonsillitis in the beginning, but after several days sloughs appeared on both tonsils and spread rapidly, accompanied by great painfulness of the parts. Swallowing was very difficult, the voice husky and nasal and breath fetid. A shallow

ulcerated patch was present on the upper lips. Lymphatic glands of the neck enlarged and tender. There was no history or proof of syphilis. Treatment consisted in removal of sloughs, application to the ulcerations of strong solution of carbolic acid and silver nitrate, frequent cleansing of the mouth and the administration internally of perchloride of iron, about six drops four times a day in glycerin. After a considerable length of time the parts healed, leaving behind distinct scars where the loss of tissue had occurred.

The second case was that of a girl 23 years of age which showed much the same local characteristics as the first. Bacteriologic examination of swabbings from the ulcerated surfaces showed at first staphylococci and diplococci, and later an almost pure culture of pneumococci. Patient was cured after four months, but a year later had a recurrence and tubercle bacilli were found in the sputum. Death occurred and the autopsy revealed pulmonary tuberculosis.

The author considers both cases as examples of primary gangrene of the tonsils.—*The Lancet*, June 7, 1902.

ANESTHESIA OF THE DRUM MEMBRANES.—Geo. B. McAuliffe, M. D., gives the results of his observations on anesthesia of the tympanum in a paper read before the *American Otological Society*, July 7, 1902. Basing his experiments on the fact that the Eustachian tube and the tympanic cavity receive their sensory nerve supply from same source—the glosso-pharyngeal—the author considers that the best method of producing anesthesia of the tympanum is by the use of cocain injected in the Eustachian tube. The external dermal layer of the tympanic membrane opposes the absorption of liquids brought into contact with it through the external auditory canal. Better osmosis may be obtained by the preliminary application of hydrozone to this surface. The use of the cocain-alcohol-aniline oil mixture gives partial anesthesia, but there is danger of toxic effect. Cocain injected into the Eustachian tube produces some complete anesthesia by deadening the nerve trunks that supply the tympanums. The knife used should be as thin and sharp as practicable.



## Society Proceedings.

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### Orleans Parish Medical Society.

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MEETING OF NOVEMBER 8, 1902.

DR. W. E. WALKER (guest of the Society) gave a talk on "*Orthodontic Facial Orthomorphia*." He exhibited a number of photographs and casts to show the result of altering the general relations of the teeth, in order to correct deformities in speech, appearance, etc.

DISCUSSION.—DR. E. D. FENNER asked whether the teeth were made to extrude by traction.

DR. WALKER—Yes. A tooth had a tendency to extrude of itself naturally, and when drawn up by ligatures anchored to neighboring teeth it could be made to come up as much as desired. Of course the teeth in the opposing jaw had to be held away for a while until the alveolar process grew under the extruded teeth to support them, otherwise all efforts would be in vain.

DR. FENNER asked what Dr. Walker thought of Brophy's proposal to close cleft palates by gradually drawing the margins of the cleft together by anchorage on the alveolar process on either side.

DR. WALKER replied that he considered this a logical procedure. He had never done it, as plastic surgery was out of his line. If after the cleft had been closed the arch was too narrow, this could be remedied by after-treatment. Much could be done by massage.

DR. FENNER asked whether, in the case of a wide cleft in the palate, the cleft could be made narrower by massage treatment, thus rendering a plastic operation more feasible?

DR. WALKER answered that while he had never done this he considered its practicability quite probable.

DR. PARHAM inquired whether the teeth ever gave way on account of absorption of the root in the course of treatment.

DR. WALKER said that he had never known resorption of the root to occur as the result of treatment in connection with

orthodontia. The roots of the teeth are intended to withstand a great amount of force, and as they come into the mouth by emerging from the gum they are normally guided into correct or false positions by the pressure of the lips and tongue and of one against the other, and just as in this physiologic process the surrounding bony tissue gives way instead of the roots of the teeth being resorbed, so in orthodontic treatment, resorption of the alveolar process occurs, but the roots of the teeth are not resorbed. Dental decay in the course of treatment is prevented, either by the use of oxyphosphate of zinc cement as a protection to the enamel, or by frequently removing the bandages and polishing the surfaces of the teeth.

DR. FEINGOLD remarked that in cases of mouth-breathing apparently due to adenoids, results were disappointing after the removal of the adenoids. He thought that too much blame had been laid upon the adenoids as a causative factor in mouth-breathing. He related a case which led him to consider that mouth-breathing was due sometimes to a narrowed palatine arch. In answer to the suggestion that the narrowed arch was due to the mouth-breathing rather than *vice versa* he called attention to the fact that where adenoids had been removed early in childhood the malformation of jaws still existed.

DR. WALKER, in reply to Dr. Feingold, said that in his opinion the shape of the arch was the result of mouth-breathing and not primarily the cause of mouth-breathing, although it was often a secondary cause, and a persistent cause, preventing normal breathing until the shape of the arch was corrected. If after the shape of the arch has been corrected mouth-breathing is still persisted in, from habit, the front teeth would again protrude unless at least an intermittent artificial retainer were used. Often the best results are achieved by having the patient in the hands of both the rhinologist and the orthodontist at the same time.

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#### MEETING OF NOVEMBER 22, 1902.

DR. E. J. HUHNER read a paper on "*Pronation of the Foot.*"

DISCUSSION—DR. MARTIN: Faulty footwear, especially shoes with high heels, so much affected by ladies, produced the condition mentioned. Relief in these cases could be had from shoes with large flat heels and straight inner border with the addition of a pad similar to those worn for the relief of "flat foot."

DR. FENNER realized the frequency of the condition, but pronation was not always pathological; that is, patients do not always suffer pain. Many persons who have had rheumatic affections of the tarsus suffer from weakening of the ligaments and consequent pronation. Such patients were frequently treated for years for chronic rheumatism when they could be afforded prompt relief by orthopedic appliances, such as an arch support together with elevation of inner side of shoe and an iron along the inner side of the calf. The aim of such an apparatus was the restitution to the normal attitude and to take the strain off the inflamed and weakened ligaments.

DR. MAINEGRA had seen recently a child of fourteen years on whom orthopedic appliance for raising the arch and the inner side of the foot had been fitted. The child, however, could not wear it, as it was too painful. Perhaps the same purpose could be better effected by merely stiffening shoe without using the iron.

DR. HUHNER: Some infants had pseudo-flat foot due to pad of fat on inner side of foot. He did not agree with Dr. Fenner with regard to the iron along the inner edge of the calf, as this would restrict some movements and cause atrophy. He preferred massage and exercise in the treatment of this condition.

REPORT OF CASES.—DR. MAINEGRA reported a case of *carbolic acid poisoning in a child* ten years old. The child had been given a teaspoonful of carbolic acid by accident. Sulphate of magnesia had been administered by a druggist. There was a white film over tonsils and fauces. Dr. Mainegra prescribed dilute alcohol—the first dose to be four teaspoonfuls and thereafter two teaspoonfuls every half hour. The pulse was good and regular. Dr. Mainegra did not consider alcohol a true antidote. His conception of its action was that it facilitated the solution of the carbolic acid from the tissues and thus prevented any further escharotic action.

DR. RYAN had seen the child one hour after Dr. Mainegra. There was then no sign of carbolic acid poisoning. The patient was doing well.

DR. PERKINS said that alcohol and carbolic acid appeared to form a definite combination. Alcohol did not dissolve acid out of tissues.

DR. MARTIN reported the case of a *girl of six years* seen in consultation. A diagnosis of stone in the bladder was made and a



supra-pubic cystotomy was done. A large *phosphatic stone* was found in which was imbedded a small hairpin. One end of the pin was stuck into the pubis. He considered that the stone had pre-existed the introduction of the hairpin, around which further accretions of phosphates had formed. The child had probably introduced the pin in her endeavors to relieve the symptoms caused by the stone, though she denied this. There was no history of masturbation and the girl had been carefully watched since operation but no evidence of this habit had been detected.

DR. PARHAM asked whether the hairpin was wholly or partially in the bladder.

DR. MARTIN answered wholly.

DR. FENNER related the history of a *peculiar case of carbolic acid poisoning* which had occurred in the gynecologic division of the hospital. The patient was being given a two per cent. carbolic solution as a vaginal douche. The nurse's back being turned, the patient removed the nozzle from the vagina, but upon being admonished replaced it (as the nurse thought) in the vagina. Suddenly she collapsed and sank into unconsciousness. Pupils became contracted and the pulse thready and the patient had a number of convulsions. The interne being summoned and recognizing the probability of absorption per rectum dilated the sphincter ani. Thereupon there was a gush of the carbolic solution showing that the patient had placed the nozzle in the rectum instead of the vagina. Irrigations of magnesium sulphate were given and atropin in large doses administered hypodermically. The patient recovered. The case was interesting because it illustrated the rapid absorption from the rectum.

DR. ASHER said that alcohol and carbolic acid did not form a definite compound. His idea was that the solution of the acid in alcohol mitigated its escharotic action. Similarly one might wash his hands with impunity in a 50 per cent. solution of carbolic acid in glycerin.

DR. STORCK said that glycerin being an alcohol its action was explicable on the same grounds as that of ethylic alcohol. He had used with satisfaction alcohol as an antidote in a case of guaiacol carbonate poisoning, with smoky urine.

DR. ASHER said that possibly the action of glycerin and of ethylic alcohol was not the same. They belonged to different series of alcohols.

DR. GESSNER asked to what the reddening of carbolic acid in standing was due and whether this affected its value.

DR. ASHER: This is due to cresol.

DR. PERKINS said that dilution played but little part in the action of alcohol on carbolic acid. Hand burnt with carbolic acid washed freely with running water remained burnt whereas a very small quantity of alcohol relieved the burns at once. The mixture of glycerin and carbolic acid was not nearly so efficacious as an antiseptic as a 5 per cent. aqueous solution. He was of the opinion that there was a strong chemical action between the carbolic acid and alcohol.

DR. PARHAM said that a favorite mixture of the late Dr. Samuel Logan was equal parts of carbolic acid and glycerin. Another was carbolic acid and olive oil. The application of such mixtures (50 per cent. sol. carbolic acid) caused no irritation in wounds.

DR. ASHER said that the solubility of carbolic acid in water was 5 or 95 per cent. To make solutions of intermediate strength the addition of glycerin was necessary.

DR. MARTIN differed from Dr. Perkins as to the antiseptic value of carbolic acid and glycerin combination. A favorite prescription of the aurists was 10 per cent. carbolic acid in glycerin.

DR. MAINEGRA said that glycerin facilitated the solubility of carbolic acid by its hygroscopic action.

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## The American Public Health Association.

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### THIRTIETH ANNUAL MEETING.

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FIRST DAY.—Dr. Henry D. Holton, of Vermont, the President of the Association, presided at all the sessions of the body, the first meeting being held at Gibson Hall of Tulane University. A number of papers were presented dealing with the bacteriological section.

In the evening an informal reception was held at the Palm Garden of the St. Charles Hotel. Music was provided and the opportunity afforded local medical men and others to meet the distinguished visitors to New Orleans. Among those notably present were Dr. Holton, President; Dr. Liceaga, of Mexico;

Dr. Wright of New Haven, the Treasurer; Dr. Probst the Secretary; Drs. Benjamin Lee, Philadelphia; Lindsey, New Haven; Weston, Boston; Westbrook, Pease, Buffalo; Lachapelle and Montizambert, of Canada; Chapin and Swarts, Rhode Island; Bracken, Minnesota; Monjaras, Gayon, of Mexico; Durgin, Boston; and others. The reception lasted until a late hour.

SECOND DAY.—Meeting was called to order at 10 o'clock, with Dr. Holton in the chair. A scholarly address was delivered by Rev. Max Heller, of New Orleans, who welcomed the Association to New Orleans. Quite a number of new names were recommended for election, among these a large representation from the City of New Orleans. Interesting papers were read bearing on the "Examination of the Waters of the United States," by Mr. Leigh; on "Cremation of Garbage," by Dr. Jones, of Memphis. Resolutions were proposed and adopted directed at proper hygienic precautions in the protection of the proposed Isthmian canal. In the afternoon Dr. Ravenel read a report on the "Virulence of Bovine and Human Bacilli." The discussion was interesting in that it brought out consideration of prevention of the disease of Tuberculosis in street cars, railways, etc.

Dr. Fulton, of Baltimore, read a paper on "Vital Statistics" which provoked some discussion as to the value of statistics as indicating the actual conditions of diseases in communities. The rest of the session was devoted to the discussion of papers bearing upon the origin of infectious diseases.

The night session began about 8 o'clock with a prayer by the Rev. F. Laval, of St. Louis Cathedral. Mayor Capdevielle followed with his usual graceful style, welcoming the Association and impressing upon them the beauties of the Pelican State.

In the absence of the Governor, the Hon. J. Y. Sanders filled the hall with his eloquence in a brief address.

Dr. Holton then delivered his address as President. This consisted in a review of various sanitary evolutions in the United States from the beginning of the Association up to the present. The address carried a strong argument for the expansion of the Marine Hospital Service into a wider usefulness directed at various points.

THIRD DAY.—The Committee on Public Health Legislation read its report through Dr. Wingate, of Milwaukee, Wisconsin.



This reviewed the numerous efforts directed at the Congress of the United States towards the recognition of public health organizations and concluded with quoting the Act changing the name of the Marine Hospital Service and defining its broader usefulness as "The Public Health and Marine Hospital Service of the United States."

Other papers were read on "Infant Mortality," "Wet Nurses," "Disinfectants," etc.

The report of the Committee on National Leper Homes was read by Dr. H. M. Bracken, of St. Paul:

REPORT OF THE COMMITTEE ON NATIONAL LEPER HOMES.—Dr. H. M. Bracken, of St. Paul, Minn., reports upon the necessity for the establishment of National Homes for Lepers. The committee reviewed the conditions existing in the various countries represented in the Association before finally making recommendation.

Dr. F. Montizambert reports for Canada that—

The only leper home is the one at Tracadie, N. B., in which there are at present (February 22, 1902), eleven male and seven female patients.

There are also in New Brunswick and in Cape Breton, N. S., three or four known cases of leprosy in the incipient stage, carefully isolated and kept under the observation of the medical superintendent of the Tracadie Lazaratto, but who have not yet been removed to the establishment. There is also what is known a leper home on D'Arcy Island, B. C. This is not a national home. At the time of my last and unofficial visit last year there were five patients isolated on this island, all Chinamen from the Orient, and each supported by the municipality in British Columbia, in which the patient was when the disease was discovered. D'Arcy Island is within easy reach of the city of Victoria, from which supplies are sent from time to time, and the medical care of these patients is under the charge of the health officer of that city. These constitute all the known cases of leprosy in Canada. In Canada lepers are found among the people living on the eastern coast, the Icelanders living in Manitoba, and other western provinces, and the Chinese on the Pacific Coast.

Dr. Jesus Chico reports from Mexico as follows:

The Spaniards when they first came to Mexico in 1519 found leprosy to be prevalent in Anahuac; that is, the valley of Mexico and the surrounding high plains. Hernan Cortes, moved by the sight of so many lepers, erected for their benefit a hospital which he christened "Hospital de San Lazaro," in which they were isolated and cared for. Nobody at that time was able to tell when this awful disease first appeared in the country, but every well-informed native told the same story: that it was very old; beyond man's memory. Nor could any of the natives give the least idea as to its origin. In pre-Columbian times the Scandinavians who inhabited Iceland and the southern part of Greenland undoubtedly had communication with the Indians of North America, and it is known that leprosy still exists in those islands. Could leprosy have reached Mexico

through these Scandinavians infecting the North American Indians, or *vice versa*? I think the answer must be in the negative. In either case leprosy ought to have been prevalent on the eastern coast of Canada and the United States at the time of their discovery. Of this we have no proof, for neither the French, Dutch nor English explorers give any record of this dreadful disease, which they undoubtedly would have done had they come in contact with it, for it was well known in Europe, especially after the Crusades. Is it an autochthonous complaint? I do not think so: first, because, if it were so it would be dependent to a large extent on conditions as to *time* and *place* and could not be, as it is a disease of every climate, of every altitude and of people in every social rank. Shall I venture my own hypothesis as to its origin in Mexico? It must have been imported; and if so, from where? In all probability from the Sandwich Islands. We all know that the disease has prevailed to an awful extent in those islands, and the results of isolation at Molokai are now common knowledge, but it is not well known that those Kanaka people have been among the boldest navigators in the world's history: it is now generally known that the Hawaiian Islanders paddling in their canoes, went sixty degrees southward from their own islands and settled in New Zealand, where their descendants now live under the name of the Maoris, speaking practically the same language as their ancestors. Bearing this in mind, is it not possible that the Kanaka people visited the western coast of North America? People who traveled sixty degrees south in their canoes might easily travel twenty-seven degrees northwest to the California coast. California was the cradle for the greater part of the tribes that settled in Anahuac. Reasoning thus there is little wonder that leprosy should have been found so prevalent by Cortes. It may be argued that if the South Sea Islanders came to America it should be possible to trace their descendants among the Mexican people of to-day. As a matter of fact, many people of the Kanaka type can be found in Mexico at the present time. I do not make much of this, for people of *many types* are to be found in Mexico at the present time.

So much for the possible origin in Mexico.

As already stated, Cortes founded a hospital for these unfortunates on the shore of the Lake of Texcoco, not far from the City of Mexico. When I was a student this lake had receded to such an extent that the hospital was no longer on an island, but in the midst of a plain. The number of lepers had been so reduced in numbers by this plan of isolation that it was now possible to care for them in a carefully isolated ward at the hospital of San Pablo. Everything points to a decrease in the number of victims of this dread disease in Mexico. In Guanajuato, where I have the best opportunity of knowing what is going on, there certainly is a marked decrease in the number of lepers. No administrative measures are taken against their mingling with the non-lepers, but the public avoids association with them, and in consequence these people voluntarily isolate themselves. Individually I have warned the public from time to time through the local papers as to the dangers attendant upon association with the lepers or residence in a house formerly occupied by a leper. I

have also applied to the proper authorities asking that some legal provision be made for the isolation of lepers, and I hope to meet with success in this matter in the near future.

Dr. Alfonso reports for Cuba:

The asylum for lepers (Hospital de San Lazaro) in Havana was founded in 1681 by a generous Jesuit, D. Pedro Alegre, a Mexican.

The time and manner of introduction of this disease into Cuba is not known. As stated in the report of Dr. Chico for Mexico, the disease was in that country at the time of the first Spanish invasion. The disease was also known to be widespread in Colombia. It could undoubtedly have been introduced into Cuba either from Mexico or from South America. It is also stated that the disease progresses very slowly and has a tendency to disappear. A record of one thousand one hundred and ninety-six cases cared for at this hospital between the years 1830 and 1900 is given as follows:

Whites .....	568
Blacks .....	389
Asiatics .....	199
Mestizos .....	40
Total .....	1196

It appears that in 1895 a law was "ratified" requiring the seclusion of lepers in this asylum, but that the law was not enforced until after the intervention of the United States Government. Prior to that time the lepers resided where they pleased throughout the city, and entered the hospital only when compelled so to do by their "misery." Following the United States control of Havana the police detained all lepers found in the street and placed them in the asylum. This action was often followed by insubordination. Dr. Alfonso states that this infirmity places the patients in such physical condition "that they seemed possessed of the spirit of evil." He further states that they are not friends of work, but of vice, and that among them are true criminals.

The San Lazaro Hospital is a private institution and possesses considerable property, but not enough for its support. The government, while under the control of the United States, gave considerable aid to this hospital. Whether it had aid from the Spanish government, the report does not state.

Dr. Alfonso gives the following arguments in favor of leprosaria: (1) An opportunity to study doubtful cases; (2) good hygienic surroundings—p'enty of bathing, fresh clothing and fresh air: all of which are important adjuncts in the treatment of this disease; (3) provision for the destruction or disinfection of all soiled clothing, bedding and dressings.

It is his opinion that after the diagnosis of leprosy is once made the infected should be compelled by law to enter a leprosarium. He contends that such a place should not be in the nature of a prison, but rather that everything possible should be done to make the isolation at such an institution endurable.

Dr. C. H. Alden, late assistant surgeon-general, reporting upon Puerto Rico, stated that there were probably a hundred cases of leprosy in that



island. Under Spanish rule there had been no attempt at isolation, but under the United States Government steps had been taken to separate them from people at large, and to furnish them with proper care and treatment.

Under date of April 22, 1902, Dr. J. S. B. Pratt, executive officer of the Territorial Board of Health, states that there were 863 lepers at the settlement on Molokai: 519 males, and 344 females. The management of this settlement is directly under the control of the board of health.

It is the duty of the various government officials and other officials to report the probable presence of leprosy in an individual. Thereupon the suspect is sent to Honolulu to be examined by a board of five medical men, and in order to send the person to Molokai, four out of the five examiners must pronounce the case leprosy. Should three declare the case a leper and two consider it only a suspicious case, then the individual is declared a suspect and is required to report once a month to the government physician of the district in which he lives. If the disease develops later such an individual is sent again to the board of five physicians for re-examination. Specimens are taken from each case for bacteriological examination, and the result of these findings is reported to the examining board before the individual concerned is examined by that body.

The law providing for the segregation of lepers was passed January 3, 1865. It provided for the setting aside of government lands upon which to isolate such leprous persons as should be declared by the Board of Health liable to cause the spread of leprosy. In 1893 the law was passed setting aside the Island of Molokai for the segregation of lepers.

Provision was made that the husband or wife of a leper might be allowed to remain as a helper, or *kokua*, with such a leper when segregated. Dr. Pratt, in his letter already referred to, speaks of thirty-four male helpers and twenty-eight female helpers on the island. It is the duty of these helpers or *kokuas* to prepare the food and attend to the clothing and other things that contribute to the comfort of the lepers, whose *kokuas* they are.

On this island, lepers may build houses for their own use. They are also allowed to cultivate land and sell their crops. They are required to pay rent for the land used.

Coming now to the United States proper—the leprosy commission appointed from the Marine Hospital Service, by an act of Congress approved March 2, 1899, “to investigate the origin and prevalence of leprosy in the United States.” reports the presence of 278 lepers. The commission states, however, that it “cannot in the nature of things claim to have ascertained the whereabouts of every case of leprosy in the United States.” It further states that “many cases are no doubt so mild as to have escaped observation altogether, and many have been purposely hidden.” These statements are undoubtedly true and without doubt some sanitary authorities have taken part in such concealment. I recall the statement of a sanitary official in one of our larger cities to the effect that there were no lepers under his jurisdiction, and that his inspectors would not dare to find one, for should they do so they knew the penalty for reporting such would be discharge from the service. Of the 278 cases reported, only seventy-two are isolated. More than half of the cases reported are American born.

Other peoples are represented as follows: Norwegians, 22; Icelanders, 11; Swedes, 8; Chinese, 20; Japanese 1; Germans, 12; from the Bahamas, 12; Cuba, 6; other West Indies, 4; Mexico, 3; Ireland, 6; England, 3, France, 3; Italy, 3; Spain, 1. There are other foreign cases, but the nationalities of these had not been given to the commission. The commission reports that "of the States and territories, twenty-one are known to have lepers." The States that have the largest number recorded are Louisiana, 155; California, 24; Florida, 24; Minnesota, 20; North Dakota, 16.

It has been the general belief that there were no American-born lepers in the northwestern States, where the population is made up largely of Scandinavians and their descendants, but this statement can no longer be maintained, for I now have knowledge of three young men, American-born, who have contracted leprosy in Minnesota.

There is but one institution in the United States known as a home for lepers, and it is in Louisiana. It has had a somewhat checkered career, and has been maintained under great disadvantages. It has been well described in a recent article by Dr. Isadore Dyer.

Carefully studying facts it would appear that provision for the care of lepers in Canada was an inheritance rather than a product of legislation; that the care of lepers in Mexico began with the invasion of Cortes and that the methods of caring for them had been but little if at all improved upon in that country since his time. That provision for the care of the lepers in Cuba was made at an early date by a Jesuit with philanthropic tendencies. Probably little if any improvement was made in the care of these unfortunates from the time of the establishment of the San Lazero Hospital in 1681 up to the occupation of the island by American troops. From personal knowledge I know that the life of the leper in many, if not all, of the other West India Islands is one of existence only. The action taken in Hawaii with regard to the lepers was forced upon the people before the time of American occupancy. It appears that of all the countries embraced in our Association, the United States is the only one that has made no provision for its lepers. At the same time most of the countries that pretend to take care of their leprous have little to boast of.

The commission appointed from the Marine Hospital Service recommends, one or preferably two, national leprosaria for the care of these unfortunates in the United States. It recommends the selection of sites covering broad areas in healthful localities where the lepers can have unlimited out-of-door exercise and occupation. It recommends that these homes should be made attractive and comfortable so that the unfortunate victims of this disease, instead of hiding their condition, may make it known and request admission to these public institutions.

With our present knowledge of leprosy in the countries which we represent and the methods employed in its care, it seems to your committee advisable that the resolution adopted by this Association at the Indianapolis meeting in 1900 be reaffirmed, and that the work of pushing legislative action bearing upon this point be referred to our legislative committee.

The resolution referred to reads as follows:

"WHEREAS, It is a known fact that lepers are found in Canada, the United States and Mexico; that these lepers represent immigrants of many nationalities, together with some Americans; that the exclusion of leprous immigrants is impossible; that the tendency to importation of leprous immigrants in the future will be greater even than in the past; that the danger of infection of American residents abroad and the importation of the disease through these channels is greatly increased; therefore, be it

*Resolved*, That this Association places itself on record as favorable to the establishment of national leprosaria, which may serve not only as a refuge for lepers, but also as a home and hospital, making their lives tolerable so far as possible, furnishing employment to those who are able to work, and giving skilled medical care to all cases, with the intent of possibly curing some, and making the road to death less wearisome and painful than it now is to others."

The evening session was called to order by Dr. H. P. Walcott. The evening was devoted to a "Symposium on Yellow Fever," papers being read by Drs. Liceaga on "Yellow Fever in Mexico;" "Information on the Orizaba Yellow Fever Epidemic," by Dr. del Rio; "The Mosquito as the only Cause of Yellow Fever," by Dr. John W. Ross, U. S. N.; "Method of Transmission of Yellow Fever," by Wm. C. Gorgas, U. S. A.

Dr. Liceaga presented statistics of the disease along the Mexican coast. In Vera Cruz there were 877 cases in the recent epidemic. It was notable that comparatively few cases developed on the Pacific coast. The death rate was low, largely due to the measures employed.

Vera Cruz has adopted a mosquito crusade and was working along other lines. The mosquito theory was generally accepted in Mexico and patients were now isolated so that the mosquitoes could not reach them.

Dr. Ross read a most graphic paper in argument for the mosquito theory relating the history of the disease in Havana. For 140 years previous to 1901 Havana had been the home of yellow fever. After eight months of American occupation and anti-mosquito sanitary work the disease disappeared from Havana altogether. The writer reviewed the work done in Havana by the yellow fever commission and the experiments which were conducted to prove the mosquito theory.

Dr. Ross emphasized the high value of the cleaning up of Havana and its sanitary relation to all diseases, yellow fever included.



Dr. Iglesias, of Mexico, said that we can understand that insects are carried on railroad cars. They scatter disease in the atmosphere as well as by bite. The first case of fever in Orizaba was in the wife of a railroad employee, and it was found that she had been bitten at the station by an infected mosquito. The doctor argued the advisability of disinfecting freight and passenger cars exposed to mosquito infection.

A paper prepared by Dr. Gorgas was read for him, arguing the belief that the yellow fever germ may live only in the body of man and in the mosquito. He took up the fomites transmission of the disease and pointed out that the effect of its evidence was that at the time that evidence concerning delayed transmission had been collected the doctors had not questioned the transmission by fomites but were concerned merely as to how the transmission took place. This did not prove that by fomites alone the disease had been conveyed.

As arguments favorable to the mosquito theory the following were advanced :

Yellow fever never continues after frost ; it is never contracted at high altitudes. It is never carried to countries far from the home of the mosquito that transmits the disease, as in India and other Eastern countries, to which tuberculosis and other diseases transmitted by fomites have been carried. If the disease were conveyed by fomites, which are not always destroyed by cold weather, then the disease would not cease to spread after the beginning of cold weather. If it could be contracted by transmission by fomites it could be contracted at high altitudes, but it was explained that while cases removed from the sea level or the coast might develop in high altitudes they never were contracted there. Persons moving from the coast to the City of Mexico were sometimes taken with the yellow fever at the latter place, but the cases had been contracted at the sea level. If yellow fever could be conveyed by fomites, why would the fact that the yellow fever mosquito, *stegomyia*, cannot live in winter affect the contraction of yellow fever in winter? In addition to all the arguments showing that yellow fever is not contracted through fomites in such cases, it might reasonably be expected to arise from the presence of fomites if they were the means of transmission. It was further related that, as in the experiments in Havana, most careful experiments had been made to try to

infect with bedding and clothing presumably laden with fomites, persons subjected to the contact of those articles, and that the attempts to so infect had failed completely.

Prof. Beyer, of Tulane, reading on "Observation of Disease Transmission" through mosquitoes, said "it is evident from the results of the experimental work of Ross, Grasse, Begnaun, etc., on Malaria, and that of Reed and Lazear on yellow fever, corroborated and borne out in even the smallest details in Cuba through the efforts of the yellow fever Institute of the Public Health, and Marine Hospital Service in Vera Cruz, results which have not, but will soon be, that we can no longer speak of the transmission of disease by mosquitoes as being theoretical, but must accept it as a fact. From the deductions which we are forced to make from the results of experimental works in all diseases in which mosquitoes have been at first suspected and now stand convicted of being the host of the causal agents of these diseases, transmission by fomites can no more be considered tenable by us. A careful consideration of the cycle of development of these two diseases, as brought about by the mosquitoes, through the agency of organisms other than vegetable, must also convince us that bacteriologic methods in the combating of either malaria or yellow fever, are no longer indicated, but must be dealt with by measures better suited to the nature of the causal agents.

"But on the other hand, it would be unreasonable also to suppose that other mosquitoes still uninvestigated may not be intermediate hosts of other diseases, or that even those which are now known to convey animal parasites may not also be the carriers of bacterial diseases. While all further doubt in regard to the cause and transmission of malarial diseases has been removed by the complete and general knowledge of the life of their parasites and hosts, and by a thorough understanding of the laws which govern the alternation of generation, we are following at the same time closely through similar but less completely known lines into the cause of yellow fever.

"In view of the fact that it has been clearly established that a known mosquito is the truism of yellow fever, the suggestion is justified that the efforts of quarantine officers should be directed in the largest measure towards the destruction of this mosquito.

"In the event of a case of yellow fever appearing in the midst of any community the attention of the Boards of Health must be given to the mosquitoes and the protection against them of the patient. The latter precaution will be a guarantee of self limitation of the cause and the fortifying against its rejuvenescence."

The discussion of these papers followed :

Dr. Carlos J. Findlay, of Havana, Cuba, health officer for the island, was first recognized. He said he had investigated the air for twenty years in Havana, trying to find a cause for the spread of yellow fever. The scales fell from his eyes, he said, when he read the report of the first American commission, which was in effect that the disease was transmitted by inoculation and that this was accomplished through the agency of the mosquito. Since then he had applied the theory for himself, making numerous experiments, which, he said, supported the conclusion that this insect was the means of spreading the disease. In Havana they had such a perfect system now of handling the disease, all directed against the operations of the mosquito, that the disease had been driven off the island practically.

Dr. Souchon did not antagonize the theory of mosquito transmission. In fact, it was not a theory now, but a demonstrated fact. It was the duty of every health officer to recognize this fact and destroy mosquitoes as far as possible.

"But I do not believe we are prepared to say that the mosquito is the only means of the transmission of disease," declared Dr. Souchon. He said he had been through many epidemics and had studied the whole question extensively, besides making many experiments. "After a close study of the question, I have reason to believe there is some other means of transmission. What it is I cannot say. It may be fomites, or yet something we know nothing of at all." He referred to the cases reported by him in the *New York Medical Journal*, where fomites, by the natural rules of reasoning, caused the disease to break out in cold climates and across seas from where the original disease was located. Thirty per cent. of experiments with mosquitoes had failed, and as large, if not larger, per cent. of other experiments had proven unsuccessful, which was conclusive proof that no fixed principle had as yet been evolved further than that mosquitoes were one means of transmission.



“To say that disinfection is unnecessary at this time is too dangerous a matter for us to confront,” said Dr. Souchon. “All of us are open to conviction, and want to advance, but for one I want more light and unmistakable demonstration on the subject. It must be very clear and very positive before I will accept it.” The scientific world demands facts, and places no confidence in anything except direct experimentation and demonstration.

Dr. Guiteras said that Havana was the first of the large cities which had appreciated the necessity of adopting precautionary measures against the mosquito, and was the first to do so. Dr. Findlay had carried on the fight successfully, and had reaped benefits. He then explained the prophylactic measures which were successfully carried on in Havana. All cases were reported to the head of the health department, who had them investigated. The apartment of the patient was thoroughly disinfected with bichloride of mercury. This was done with brushes, pumps and other utensils used in the operation. A wagon was equipped with the necessary articles used in the work. Places where it was suspected that the disease might exist were watched, and as soon as it was determined that there was danger of contamination from yellow fever, the health authorities took the necessary measures against it. He showed a number of photographs of the process of disinfection as it was carried on, which proved of great interest to the delegates.

Expressing his belief in the theory of transmission by the mosquito, he said that in the process of evolution, the mosquito parasite had no other way of existing than by attaching itself to a host. In the course of its evolution, the mosquito had reached the stage which made it necessary that it live off of something else. Therefore, this parasitical life of the mosquito was where the danger was, which was the only means of transmission.

Dr. H. R. Carter, of the United States Marine Hospital Service, expressed the idea that if disease was conveyed to an animal host, it was conveyed there by a parasite. There were a great number of diseases that were parasitic, and whose origin could be traced to parasites. Like Dr. Souchon, he did not lay too much stress on the experiments of Reed and the others alone. The conveyance of fomites could occur in two ways; first, directly to the person, and, second, through an infected atmosphere.

The direct conveyance of fomites did not require that the place be infected. Dr. Carter cited some interesting facts as regards the infection and non-infection of baggage from Havana to New York and Spain. He said that for nineteen years before 1898 the baggage coming from this city was not disinfected in New York. It came or it did not come from an infected city. It was probable that some of it might have been found to contain germs. However, it yet remained to be recorded that one case of yellow fever had resulted from any one coming in contact with this baggage which was opened in the hotels and boarding houses where people were residing who were non-immune. It could not therefore be claimed that infection from environment was a fact.

Dr. Q. Kohnke said that enough had been said as regards the transmission of fever by the mosquito to be proof conclusive that it was so.

After mentioning the fact that the board was doing all in its power to guard against the disease, he said that still more strenuous efforts should be made to keep it from coming here from infected ports. If disease was conveyed by fomites as well as by mosquitoes, it was but logical to conclude that there was a greater danger than if it was conveyed alone by the mosquito. He referred to the suspension of the disinfection of vessels from the tropics, and closed by saying that the matter which was under consideration should be speedily settled.

FOURTH DAY.—Dr. Formento, of New Orleans, read a paper on “Tuberculosis and Agricultural Colonies,” in which was reviewed the absence of general prophylactic measures in the United States and a relation of the provisions made in Europe, especially in France. At Cannes, a colony for consumptives was initiated a few years ago and already more than 100 consumptives have been admitted. The scope of the institution provides the future provision of suitable occupations for the inmates in surroundings which may not be conducive to tuberculosis.

Dr. H. S. Durgin, of Boston, then read on the “Dangers to Public Health from Illuminating and Fuel Gas.” This paper related the investigation of the effects of these gases as based upon the report of 460 physicians. The following symptoms were quoted among those given: Nausea, headache, vomiting, malaise, dizziness, tired, loss vitality, debility, vertigo, cyanosis,

convulsions, coma, semi-coma, unconsciousness, semi-unconsciousness, drowsiness, lassitude, weakness, fainting, depression, prostration, exhaustion, anemia, anorexia, shallow resp., difficult resp., rapid resp., labored resp., irregular resp., rapid pulse, weak pulse, irregular pulse, ringing in ears, blurred vision, subnormal temperature, muscular pain, deafness, cardiac irregular, irritable heart, pulmonary irritation, faulty circulation, bronchitis, neurasthenia, delirium, cough, hysteria, nervousness, hemetemesis, vaso-motor disturbance, neuritis, diabetes, loss memory, indigestion, pain in back, sore throat, cold extremities.

Massachusetts has promulgated laws pertaining to gas fitting with the idea of protecting the householders from these effects.

Then followed the report of the committee "On the Relative Immunizing Value of Human and Bovine Vaccine Virus." This reviewed the history of vaccination beginning with Jenner. Humanized lymph had been relegated and bovine lymph was general except in Mexico, where humanized lymph is still employed. The Mexican argument is based upon the fact that an expert is required to vaccinate; that in the field armies are seldom protected with bovine lymph.

The legal enforcement of vaccination in different countries was discussed, and much stress was laid on the fact that, except in New York, there is no State manufacture of vaccine.

The afternoon session discussed "Railroad Car Sanitation;" "The Canteen System of the United States Army;" "Sanitary Aid Societies;" "Dirt, Disease and the Public Health," etc.

Dr. Sedgwick, of Boston, discussing typhoid fever infection, concluded that this was most often due to undisinfected excreta of patients.

The most interesting paper of this session was read by Dr. Weston, of Boston, on the "New Orleans Water Supply." Its especial value was emphasized by the fact that Dr. Weston spent some time last year studying the New Orleans water supply, and especially methods of successfully filtering the Mississippi water. He called attention to the rain water system, nine-tenths of the water used in the city. As house construction increases, a larger supply of water must be obtained. This was most practical and likely under the new Water and Sewerage Board now actively engaged in furthering the object. Three sources of water have been suggested—the rivers to the



north of Lake Pontchartrain, local deep wells and the Mississippi river water. The river water is obtained near at hand, and is objectionable only on account of the fact that it is a little hard and contains suspended silt and clay. Sufficient experimentation has been made to demonstrate the entire feasibility of making the water sufficiently pure for use.

There was no night session, the Association in considerable body attending the French Opera, hearing a fine presentation of Faust.

FIFTH DAY.—The last day's meeting was called at noon, December 13, and the session was taken up with miscellaneous resolutions and the election of officers, resulting as follows: President, Dr. Walter Wyman, Washington, D. C.; First Vice President, Dr. C. P. Wilkinson, New Orleans; Second Vice President, Dr. John L. Leal, New Jersey; Secretary, Dr. C. O. Probst; Treasurer, Dr. F. W. Wright, Connecticut; Executive Committee—Dr. John S. Fulton, Maryland; Dr. John Arnyot, Toronto; Dr. Jose Ramirez, Mexico.

As one of the results of the above meeting a quarantine league was organized by Dr. J. M. Lindsey, of Havana, with the object of educating the lay public in quarantine matters and with the idea of improving conditions by improved quarantine methods.

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## Louisiana State Medical Society Notes.

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Next meeting in New Orleans, Tuesday, Wednesday and Thursday, April 28, 29 and 30, 1903. President, Dr. Isadore Dyer, New Orleans; Recording Secretary, Dr. Wm. M. Perkins, 163 University Place, New Orleans; Corresponding Secretary, Dr. A. G. Friedrichs, 641 St. Charles street, New Orleans; Treasurer, Dr. H. S. Cocram, 124 Baronne street, New Orleans; Chairman, Committee of Arrangements, L. G. LeBeuf, 124 Baronne street, New Orleans.

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THE COMMITTEE ON REVISION OF THE CONSTITUTION consisting of Dr. Chas. Chassaignac, New Orleans, chairman, and Drs. F. W. Parham, Q. Kohnke, New Orleans; J. M. Barrier, Delhi; W. G. Owen, White Castle, have drawn up the following con-

stitution and by-laws. They request all members to carefully read and to send any suggestions or corrections to the chairman or the JOURNAL, so that these may be considered in their final report to the Society.

## CONSTITUTION.

ARTICLE I.—NAME OF THE ASSOCIATION. The name and title of this organization shall be the LOUISIANA STATE MEDICAL ASSOCIATION and it shall be incorporated under the laws of the State.

ART. II.—PURPOSES OF THE ASSOCIATION. The purpose of this Association shall be to federate and bring into one compact organization the entire medical profession of the State of Louisiana and to unite with similar associations in other States to form the American Medical Association, with a view to the extension of medical knowledge and to the advancement of medical science; to the elevation of the standard of medical education, and to the enactment and enforcement of just medical laws; to the promotion of friendly intercourse among physicians, and to guarding and fostering their material interests; and to the enlightenment and direction of public opinion in regard to the great problems of State medicine; so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life.

ART. III.—COMPONENT SOCIETIES. Component societies shall consist of those Parish medical societies which shall be granted a charter by this Association.

ART. IV.—COMPOSITION OF THE ASSOCIATION. *Sec. 1.* This Association shall consist of Members and Guests. *Sec. 2. MEMBERS.*—The members of this Association shall be the members of the component Parish medical societies, also physicians otherwise eligible to such, in any parish not having a component society, and formally elected to membership, provided, that after the organization in such parish of a component society they shall become members of said society. *Sec. 3.* Men learned in the collateral branches of science may, upon a three-fourths vote of the Association, be elected honorary members. *Sec. 4. GUESTS.*—Any distinguished physician, not a resident of this State, may become a Guest during any Annual Session upon in-

vation of the Association or its Council, and shall be accorded the privilege of participating in all of the scientific work for that Session.

ART. V. SESSIONS AND MEETINGS. *Sec. 1.* The Association shall hold an Annual Session, during which there shall be held daily not less than two general meetings, which shall be open to all registered members and guests. *Sec. 2.* The time and place for holding each Annual Session shall be fixed by the Association.

ART. VI.—OFFICERS. *Sec. 1.* The officers of this Association shall be a President, three Vice-Presidents, a Secretary, an Assistant Secretary, who need not be a member, a Treasurer, and seven Councillors, or one for each Congressional District. *Sec. 2.* The President and Vice-Presidents shall be elected for a term of one year. The Secretary, Treasurer and Councillors shall be elected for terms of two years each, the Councillors being divided into two classes at the first election so that three shall be elected for one year and four for two years, and thereafter each class for two years. All of these officers shall serve until their successors are elected and installed. *Sec. 3.* The officers of this Association and the members to be presented to the Governor for appointment on the State Board of Medical Examiners shall be elected on the morning of the last day of the Annual Session. No person shall be elected to any office who is not in attendance upon the Annual Session and who has not been a member of the Association for the past two years.

ART. VII. FUNDS AND EXPENSES.—Funds for meeting the expenses of the Association shall be arranged for by the collection of annual dues, by voluntary contributions, and from the sale of its Transactions. Funds may be appropriated to defray the expenses of the Annual Sessions, for publication, and for such other purpose as will promote the welfare of the Association and profession.

ART. VIII. THE SEAL.—The Association shall have a common seal, with power to break, change or renew the same at pleasure.

ART. IX. AMENDMENTS.—The Association may amend any article of this Constitution by a two-thirds vote of the members registered at that Annual Session, provided that such amendment shall have been presented in open meeting at the previous



annual session, and that it shall have been sent officially to each member and Parish society at least two months before the session at which final action is to be taken.

### BY-LAWS.

CHAPTER I—MEMBERSHIP. *Sec. 1.* All members shall be privileged to attend all meetings and take part in all the proceedings of the Annual Sessions, and, except honorary members, shall be eligible to any office within the gift of the Association. *Sec. 2.* The name of a physician upon the properly certified roster of members of a component Parish Society shall be *prima facie* evidence of his right to register at the annual sessions of this Association. *Sec. 3.* No person who is under sentence of suspension or expulsion from any component society of this Association, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association, nor shall he be permitted to take any part in any of its proceedings until such time as he has been relieved of such disability. *Sec. 4.* Each member in attendance at the Annual Session shall enter his name on the registration books, indicating the component society, if any, of which he is a member, or if he is a member by election. When his right to membership has been verified by reference to the roster of his society or that of this Association and he shall have paid his annual dues in person or through his Parish Society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that session. No member shall take part in any of the proceedings of an annual session until he has complied with the provisions of this section.

CHAPTER II—ANNUAL AND SPECIAL SESSIONS OF THE ASSOCIATION. *Sec. 1.* The Association shall hold an annual session at such time and place as has been fixed at the preceding annual session. *Sec. 2.* Special sessions of the Association shall be called by the President at his discretion or upon petition of twenty-five members.

CHAPTER III—MEETINGS. *Sec. 1.* The meetings shall include all registered members who have complied with all requirements, and guests, who shall have equal rights to participate in the proceedings and discussions; and, except

guests, to vote on pending questions. Each meeting shall be presided over by the President, or in his absence or disability or by his request, by one of the Vice Presidents. Before it, at such time and place as may have been arranged, shall be delivered the annual address of the President and the annual oration, and the entire time of the session, so far as may be, shall be devoted to papers, to discussions relating to scientific medicine and to business of interest to the Association and the profession. *Sec. 2.* The meeting shall have authority to create committees or commissions for scientific investigations of special interest and importance to the profession and public, and to receive and dispose of reports of the same. *Sec. 3.* Except by special vote, the order of exercises, papers and discussions as set forth in the official program shall be followed from day to day until it has been completed. *Sec. 4.* No address or paper before the Association except those of the President or Orator, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes nor more than once on any subject, except all others desiring so to do shall have spoken. *Sec. 5.* All papers read before the Society shall be its property. Each paper shall be deposited with the Secretary when read, and if this is not done it shall not be published.

CHAPTER IV—ELECTION OF OFFICERS. *Sec. 1.* All elections shall be by secret ballot, and a majority of the votes cast shall be necessary to elect. No member may hold two elective offices simultaneously. *Sec. 2.* The Council, on the first day of the Annual Session, shall elect a Committee on Nominations, consisting of seven members, no two of whom shall be from the same councillor district. It shall be the duty of this committee to consult with the members of the Association and to hold one or more meetings, at which the best interests of the Association and of the profession of the State for the coming year shall be carefully considered. The Committee shall report the result of its deliberations in the shape of a ticket containing the names of not less than two members for each of the offices to be filled at that annual session. *Sec. 3.* The report of the Nominating Committee and the election of officers shall be the first order of business after the reading of the minutes on the morning of the

last day of the session. *Sec. 4.* Nothing in this article shall be construed to prevent additional nominations being made by members after the report of the Nominating Committee.

CHAPTER V—DUTIES OF OFFICERS. *Sec. 1.* The President shall preside at all the meetings of the Association, and shall appoint all committees not otherwise provided for; shall deliver an annual address at such time as may be arranged; shall give a deciding vote in case of a tie, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office, and, as far as practicable, shall visit by appointment the various sections of the State and assist councillors in building up the parish societies, and in making their work more practical and useful. *Sec. 2.* The Vice Presidents shall assist the President in the discharge of his duties. In the event of his death, resignation or removal, the Council shall order one of the Vice Presidents to succeed him. *Sec. 3.* The Treasurer shall give bond for the trust reposed in him. He shall demand and receive all funds due to the Association, together with the requests and donations. He shall, in general, have the care and management of the fiscal affairs of the Association. He shall pay money out of the treasury only on a written order of the President, countersigned by the Secretary; he shall subject his account to such examination as the Association may order, and he shall annually render an account of his doings and of the state of funds in his hands. He shall charge upon his books the assessments against each member at the end of the fiscal year; he shall collect and make proper credits for the same and perform such other duties as may be required of him. *Sec. 4.* The Secretary, acting with the Committee on Scientific Works, shall prepare and issue the program for and attend all meetings of the Association, and he shall keep minutes of proceedings in a record book. He shall be custodian of all record books and papers belonging to the Association, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Association that come into his hands. He shall provide for the registration of all members at the annual session. He shall notify members of meetings, officers of their election and com-



mittees of their appointment and duties. He shall act as Chairman of the Committee on Publication. He shall also keep a card index register of all the legal practitioners in the State by parishes, noting on each his status in relation to his county society and upon request shall transmit a copy of this list to the American Medical Association for publication. In so far as it is in his power, he shall use the printed matter, correspondence and influence of his office to aid the Councillors in the organization and improvement of the county societies, and in the extension of the power and usefulness of the Association. He shall make an annual report of his doings. In order that he may be able to give the necessary amount of time to his duties, it is desirable that he shall receive some compensation. The amount of his salary shall be fixed by the Association. *Sec. 5.* He shall appoint the Assistant Secretary and shall fix his compensation, both subject to the approval of the Council.

CHAPTER VI—COUNCIL. *Sec. 1.* The Council shall hold daily meetings during the Annual Sessions of the Association and at such times as necessity may require, subject to the call of the chairman or on petition of three Councillors. It shall meet on the first day of the annual session of the Association to elect the nominating committee and on the last day for reorganization and for the outlining of work for the ensuing year. At this meeting it shall elect a chairman and secretary, and it shall keep a permanent record of its proceedings. It shall, through its chairman, make an annual report, at such time as may be provided. *Sec. 2.* Each Councillor shall be organizer, peacemaker and censor of his district. He shall visit each parish in his district at least once a year for the purpose of organizing component societies where none exist, for inquiring into the condition of the profession and for the purpose of improving and increasing the zeal of the parish societies and their members. He shall make an annual report of his doings and of the condition of the profession in each parish in his district to each annual session of the Association. The necessary traveling expenses incurred by such Councillor in the line of the duties herein imposed may be allowed by the Association upon a proper itemized statement, but this shall not be construed to include his expense in attending the annual session of the Association. *Sec. 3.*

Collectively the Council shall be the Board of Censors of the Association. It shall consider all the questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the Association shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of a parish society, upon which an appeal is taken from the decision of an individual Councillor. Its decision in all such cases shall be final. *Sec. 4.* The Council shall have the right to communicate the views of the profession and of the Association in regard to health, sanitation and other important matters to the public and the lay press. Such communications shall be officially signed by the chairman and secretary of the Council as such.

CHAPTER VII—COMMITTEES. *Sec. 1.* The Standing Committees shall be as follows: On Scientific Work. On Public Policy and Legislation. On Publication. On Nomination. On Arrangement; and such other committees as may be necessary. Such committees shall be appointed by the President, unless otherwise provided. *Sec. 2.* The Committee on Scientific Work shall consist of three members, besides the Secretary, who shall be Chairman, and shall determine the character and scope of the scientific proceedings of the Association for each session, subject to the instruction of the Association, or to the provisions of the Constitution and By-Laws. Two weeks previous to each annual session, it shall prepare and issue a program announcing the order in which papers, discussions and other business shall be presented, which shall be adhered to by the Association as nearly as practicable. *Sec. 3.* The Committee on Public Policy and Legislation shall consist of three members and the President. It shall represent the Association in securing and enforcing legislation in the interest of the public health and of scientific medicine. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people and shall utilize every organized influence of the profession to promote the general influence in local, state and national affairs and elections. Its work shall be done with  
nity becoming a great profession and with that wisdom

which will make effective its power and influence. It shall have authority to be heard before the Association upon questions of great concern at such time as may be arranged during the annual session. *Sec. 4.* The Committee on Publication shall consist of three members, of which the Secretary shall be one and Chairman, and shall have referred to it all reports on scientific subjects and all scientific papers and discussions heard before the Association. It shall be empowered to curtail or abstract papers and discussions, and any papers referred to it which may not be suitable for publication in the Transactions may be returned to the author. The Committee shall have authority to arrange for the publication and distribution of the Transactions after receiving competitive bids, and shall use diligence in getting them into the hands of the members. All papers read before the Association shall become the property of the Association. *Sec. 5.* The Committee on Nomination shall be elected and perform its duties in accordance with the provisions of Chapter IV, Sec. 2, of these By-laws. *Sec. 6.* The Committee of Arrangements shall consist of the members of the component Society residing in the town in which the annual session is to be held. It shall, by committees of its own selection, provide suitable accommodations for the meeting places of the Association and committees, and shall have general charge of all the arrangements. Its Chairman shall report an outline of the arrangements to the Secretary for publication in the official journal, and both shall make additional announcements therein as occasion may require.

CHAPTER VIII—ASSESSMENTS AND EXPENDITURES. *Sec. 1.* An assessment of five dollars per capita on the membership of the component societies and on other members is hereby made the annual dues of the Association. The secretary of each parish society shall forward the assessment of all members to the Secretary of this Association ten days in advance of each annual session. *Sec. 2.* All motions or resolutions appropriating money shall specify a definite amount, or so much thereof as may be necessary for the purpose indicated, and must be approved on a call of ayes and nays.

CHAPTER IX—RULES OF CONDUCT. The principles set forth in the Code of Ethics of the American Medical Association shall govern the conduct of members in their relation to each other and to the public.



CHAPTER X—RULES OF ORDER. The deliberations of this Association shall be governed by parliamentary usage as contained in Robert's Rules of Order, unless otherwise determined by vote.

CHAPTER XI—PARISH SOCIETIES. *Sec. 1.* All parish societies now in affiliation with the State Association or those that may be hereafter organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws, shall, upon application, become a component part of this Association. *Sec. 2.* As rapidly as can be done after the adoption of this Constitution and By-Laws, a medical society shall be organized in every parish in the State in which no component society exists. *Sec. 3.* Only one component medical society shall be chartered in any parish. If more than one should exist, friendly overtures and concessions shall be made, with the aid of the Councillor for the district, if necessary, and all the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken. *Sec. 4.* Each parish society shall judge of the qualifications of its own members, but, as such societies are the portals to this Association and to the American Medical Association, every reputable and legally registered physician who is practicing or who will agree to practice, non-sectarian medicine, shall be entitled to membership and ample notice and opportunity shall be given to such physicians in the parish to become members. *Sec. 5.* Any physician who may feel aggrieved by the action of the society in his parish in refusing him membership, or in suspending or expelling him, shall have the right of appeal to the Council. *Sec. 6.* In hearing appeals the Council may admit oral or written evidence as in its judgment will best and more fairly present the facts, but in every case the Council or its individual members in district and parish work, shall make efforts at reconciliation and compromise previous to hearings. *Sec. 7.* When a member in good standing in a component society moves to another parish in this State, his name, upon request, shall be transferred without cost to the roster of the society in to whose jurisdiction he moves. *Sec. 8.* A physician living on or near a parish line may hold his membership in that parish most convenient for him to attend, on permission of the society

in whose jurisdiction he resides. *Sec. 9.* Each parish society shall have general direction of the affairs of the profession in the parish, and its influence shall be constantly exerted for improving the scientific, moral and material condition of every physician in the parish, and systematic efforts may be made by each member and by the society as a whole, to increase the membership until it embraces every qualified physician in the parish. *Sec. 10.* Frequent meetings shall be encouraged, and the most attractive programs arranged that are possible. The younger members shall be especially encouraged to do post-graduate and original research work, and to give the society the first benefits of such labors. *Sec. 11.* The Secretary of each Parish Society shall keep a roster of its members and a list of the non-affiliated registered physicians of the parish in which shall be shown the full name, address and college and date of graduation, date of license to practice in this State and such other information as may be deemed necessary. He shall furnish an official report containing such information upon blanks supplied to him for the purpose to the Corresponding Secretary of this Association thirty days in advance of each annual session. In keeping such roster the Secretary shall note any change in the personnel of the profession by death, or by removal to or from the parish and in making his annual report he shall be certain to account for every physician who has lived in the parish during the year. He shall collect and send to the Secretary of the Association the annual dues of members as per Section 1, Chapter VIII of these By-Laws.

CHAPTER XII — AMENDMENTS. These By-Laws may be amended at any annual session by a majority vote of all the members present after the amendment has laid upon the table for one day.

## American Medical Association Notes

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NEXT MEETING IN NEW ORLEANS, MAY 5, 6, 7 AND 8, 1903.

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GENERAL OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION, 1902-1903.

President, Frank Billings, Illinois; First Vice President, J. A. Wither-  
spoon, Tennessee; Second Vice President, G. F. Comstock, New York;  
Third Vice President, C. R. Holmes, Ohio; Fourth Vice President, James  
H. Dunn, Minnesota; Secretary-Editor, George H. Simmons, Illinois;  
Treasurer, Henry P. Newman, Illinois; Chairman Committee of Arrange-  
ments, Isadore Dyer, 124 Baronne Street, New Orleans, La.

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THE COMMITTEE OF ARRANGEMENTS OF THE AMERICAN MEDICAL ASSOCIATION expect in January to complete the plans for the May meeting. Of these we shall have occasion to speak in detail in a future issue.

So far as the provisions for the meeting are concerned, we have little doubt that everything will be in readiness in ample time. We feel, however, *that now is the time* for members so intending to arrange to come to the meeting.

In large gatherings, there is so apt to be discomfort before a suitable location or room may be found. A little forethought may save all of this. The Local Committees are both anxious and ready to have the names of intending visitors, so that a list of these may be made up long in advance and rooms secured for them of which they can be advised either on arrival or beforehand.

We hope and wish to have the greatest meeting the Association has ever held and to that end we beg every one interested to help us. Make plans now and as early as possible write and tell us you are coming, how many with you and when you expect to arrive. In this way you may be easily reached in advance of the meeting with all information necessary to make you comfortable on your arrival.

Address: DR. A. G. FRIEDRICHS, Chairman Bureau of Information,  
641 St. Charles Street, New Orleans, La.

OR

DR. ISADORE DYER, Chairman Committee of Arrangements,  
124 Baronne Street, New Orleans, La.



THE FINANCE COMMITTEE has begun work among the physicians of New Orleans. Louisiana members of the Association outside of New Orleans are requested to communicate with the following recently appointed members of the committee, if they desire to make subscriptions:

Drs. G. H. B. Hays, Jackson; T. E. Schumpert, Shreveport; J. M. Barrier, Delhi; J. B. Gazzo, Raceland.

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## Medical News Items.

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THE ORLEANS PARISH MEDICAL SOCIETY held its meeting for annual election, December 13. The following officers were elected: President, Dr. E. J. Graner; Vice Presidents, Drs. J. A. Storek, O. L. Pothier and O. Joachim; Secretary, Dr. S. M. D. Clark; Treasurer, Dr. W. H. Seeman; Librarian, Dr. H. J. Dupuy; Directors, Drs. H. B. Gessner, John Callan and H. D. Bruns.

THE CHARITY HOSPITAL TRAINING SCHOOL FOR NURSES graduated sixteen December 10. This was made the occasion for the acceptance of the A. C. Hutchinson memorial home for nurses and a number of addresses was delivered for the donors and the State.

CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.—THE Sixth Triennial Meeting will take place in Washington, May 12, 13, 14, 1903, under the presidency of Dr. Wm. W. Keen, of Philadelphia. The preliminary program has been issued indicating the subjects to be taken up at the general sessions.

THE SIX COUNTIES MEDICAL ASSOCIATION, embracing this many districts of Mississippi in the counties of Tunica, Quitman, Coahoma, Sunflower, Tallahatchie and Bolivar, will meet in March, June, September and December. The following officers have been elected: Drs. M. J. Alexander, President; Harrison, Secretary; Gray, Treasurer.

THE CROWLEY BOARD OF HEALTH met November 18, and adopted a number of important sanitary ordinances.

DR. A. L. METZ has recently been incapacitated by a surgical operation at Touro Infirmary. The JOURNAL is pleased to notice his convalescence and resumption of college work.

LAKE CHARLES RECENTLY ORGANIZED ITS NEW BOARD OF HEALTH. Dr. A. J. Perkins was unanimously elected to the presidency.

MR. R. E. CRAIG has resigned his membership on the Board of Administrators of Charity Hospital. It will be hard to find as able a man for this office or one with the interest of the institution and the public more at heart.

DR. H. M. FOLKES, recently appointed a member of the Mississippi State Board of Health, has already exercised his privileges in beginning a campaign against violations of the Medical Practice Act.

THE DEATH RATE IN THE UNITED STATES ARMY for the fiscal year ending June, 1902, was 13.94.

MARRIED: Dr. Ernest Laplace, of Philadelphia, formerly of New Orleans, and Miss Catherine Borsch, in Philadelphia, December 16.

Dr. L. Perrilliat and Miss Louise Claiborne, both of New Orleans, December 8, 1902.

Dr. W. K. Sutherlin and Miss Minor Utz, of Shreveport, in the First Presbyterian Church, that city, December 2.

DR. J. F. O'LEARY was recently elected city physician of Shreveport.

DIED: DR. T. O. Brewer, of Monroe, La., died December 14. Dr. Brewer was prominent in many lines of usefulness and will be much regretted. The JOURNAL extends sympathy to his bereaved widow and daughter, who survive him.

## Book Reviews and Notices.

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*All new publications sent to the JOURNAL will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the JOURNAL to review as many of the works received as possible, the editors will be guided by the space available and the merit of the respective publications. The acceptance of a book implies no obligation to review.*

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*Text-Book of Physiological and Pathological Chemistry.* By G. BUNGE, M. D. Second English from the fourth German edition. Translated by FLORENCE A. STARLING, and edited by ERNEST H. STARLING, M. D., F. R. S. P. Blakiston's Son & Co., Philadelphia, 1902.

This book shows an individuality of thought which we are pleased to note has been allowed to remain intact by the editor.

Bunge says: "In science, it is imperative that all academic teaching should be so directed as to render the student capable of following its progress. For this a thorough knowledge of the exact sciences, physics and chemistry, is requisite; he will then be in a position to read physiological works which he should be led to weigh and discuss critically."

With a foundation the laid the study of physiology becomes easy and interesting and valuable.

Description of analytic methods have, for the most part, been avoided, as Dr. Bunge takes the position that the main narrative is thereby presented in an uninterrupted manner. For analytic methods he refers the student to the works of Hoppe-Seyler, Leube and Salkowski, Neubauer and Vogel, wisely saying that with the aid of such books as these "analysis should be learnt and practised in the laboratory."

Bunge is pre-eminently a disciple of Schmiedeberg and, through his efforts, the thought of that school which Schmiedeberg represents has been spread.

The editor says: "These lectures have also the merit of being written by a man who was philosopher, mathematician and chemist before he was a physiologist, and who, being thus in a position to grasp the general bearings of his subject, has succeeded in making the dry bones of physiological chemistry interesting even to the beginner."

It is our wish that we had more such scholarly writers as Bunge.

STORCK.

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*The Principles of Hygiene. A Practical Manual for Students, Physicians and Health Officers.* By D. H. BERGEY, A. M., M. D. W. B. Saunders & Company, Philadelphia, 1902.

This book treats of only the general principles of the subject, no attempt being made at exhaustive treatment.



The author has selected topics which have the most important bearing on human health. We commend his selection as covering the greater field of hygiene, and think it ample for the average student of this branch.

It is with pleasure that we note the employment of the metric system of weights and measures throughout the work.

In speaking of the removal of dust in manufacturing establishments, the author thinks it is best accomplished by a combination of the extraction and the propulsion methods.

Under the heading of garbage disposal, he says: "Recently, Mr. Westinghouse made the suggestion that the garbage of New York be utilized in the manufacture of gas to be used for fuel purposes. He estimates that New York produces about 509,000 kilograms of garbage annually. Dr. Hutchinson estimates that 450 grains of this refuse have a maximum theoretical heating value of approximately 2000 calories, and that if all of this energy could be recovered in the form of gas it would require 3.85 kilograms of refuse per unit (kilowatt-hour) of electrical energy, and that "a consideration of the elementary principles involved shows a probable relation of 6.8 kilograms of refuse per unit (Kilowatt-hour) in comparison with 11.3 kilograms, deduced from extensive tests with steam." These suggestions are of the greatest financial as well as sanitary importance, and seem to offer something which will not only favor the more systematic collection of garbage, but also its disposal to the financial advantage of the community.

In the chapter on Value of Vaccination, Dr. Bergey quotes the following statistics:

"In Gloucester, England (52,500 inhabitants), there were 2,036 cases of small-pox from May, 1895, to July, 1896, of which 443 died. Vaccinated, 1228; not vaccinated, 781; unknown, 27. Of 100 vaccinated, 9.2 died; of 100 non-vaccinated, 40.5 died; of 100 'unknown,' 44.4 died.

"In Middleborough, England (90,000 inhabitants), there were 1,200 cases of small-pox from November, 1897, to April, 1898, of which 166 died (13.8 per cent.); 1,028 had been vaccinated, of which 87 (8.46 per cent.) died; 17.2 had not been vaccinated, of which 79 (45.93 per cent.) died."

STORCK.

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*Diseases of the Nose, Pharynx and Ear.* By HENRY GRADIE, M. D. W. B. Saunders & Co., Philadelphia.

A work thoroughly descriptive of the anatomy, physiology, hygiene and therapy of these special organs and their diseases. As is necessary for the clear comprehension of rhinology and otology, due attention has been given the special physiology of these organs, and topographic anatomy; the author has drawn upon the excellent works of Zuckerkandl, Politzer.

Bezold and other well known authorities for his illustrations. No claim is made for the work as an encyclopedia in its line, history and disputed theories being omitted to give place to facts acquired by experience and observation.

DEROALDES & KING.

*A Nurse's Guide for the Operating Room.* By NICHOLAS SENN, M. D., Ph. D., L. S. D., C. M. W. T. Keener & Co., Chicago, 1902.

A practical book of instruction to the nurse on the essentials of cleanliness and description, as well as a guide to the needs of the minor and major operations. The instruments are listed and, when advisable, are described. Judicious illustrations are here and there through the book.

DYER.

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*The Practical Medicine Series of Year Books, Volume X. Skin and Venereal Diseases—Nervous and Mental Diseases.* Edited by W. L. BAUM, M. D., and HUGH T. PATRICK, M. D. The Year Book, Publishers, Chicago, 1902.

The multiplication of miscellaneous articles on all branches of medicine has created the need of a compilation of the most important facts contained in these. Such handbooks as the one before us tend to fulfill this end. Specially referring to Skin, Venereal and Nervous Diseases, a mass of information is contained in small space and made available for ready reference.

DYER.

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*Saunders' Question Compends—Essentials of Histology.* By LOUIS LEROY, B. S., M. D. W. B. Saunders & Co., Philadelphia and London, 1902.

The practical way in which the subjects are presented in these texts has made them deservedly popular. With each new edition the revision is evident, as are the increased illustrations and additions to the texts.

DYER.

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*A Text-Book of Materia Medica, Therapeutics and Pharmacology.* By GEORGE FRANK BUTLER, Ph. G., M. D. Fourth Edition, thoroughly revised. W. B. Saunders & Co., Philadelphia, 1902.

It has been our pleasure to have followed this book from the cradle to its present lusty growth.

Dr. Butler announces some important alterations in this edition. He has remodeled the opening chapters to bring them into accord with recently discovered biological phenomena and natural interpretation of the disease process as reactive and self-preservative. The pharmacology and therapeutics of many of the drugs have been revised. The newer synthetics receive considerable attention, more especially in regard to their incompatibles.

The chapters on organotherapy, serum-therapy and cognate subjects have been enlarged and carefully revised.

An interesting chapter has been added on the Relation of Physical Chemistry to Pharmacology and Therapeutics. Dr. Butler says: "In the main therapeutics has rested upon empiricism, while a scientific basis for its proceedings has been deplorably conspicuous by its absence. Our modern therapeutic nihilism is undoubtedly the reaction of a thinking medical profession against this antiquated empiricism. But, as is customary with such reactions, the pendulum has swung too far backward.

In order to restore it to its right position, it is necessary that we reconstruct our knowledge of pharmacology and therapeutics, and by beginning with the simplest problems, slowly rebuild it upon a scientific basis."

Further he says: "The action of electrolytes must be analyzed into the action of their constituent ions. Ultimately we shall have a classification of the electrolytes based upon the action of the ions contained in them. Once we grasp the notion that the activity of a given substance is determined by the ions it yields upon solution we shall, perhaps, find a method of rearranging our system of dosage upon this basis—a process analogous to the regulation of the dosage of crude drugs based upon their alkaloid content."

This book can stand on its merits.

STORCK.

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*Dudley's Gynecology.* By E. C. DUDLEY, A. M., M. D. Lea Brothers & Co., Philadelphia and New York, 1902.

This little book is Vol. IV of the Practical Medicine Series of year books, etc.

This volume is simply a *résumé* of the latest ideas in gynecological medicine. It is really more adapted to the requirements of the specialist, than to those of the general practitioner.

MICHINARD.

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*Applied Surgical Anatomy, Regionally Presented.* By GEORGE WOOLSEY, A. B., M. D. With 125 illustrations. Lea Brothers & Co., New York and Philadelphia, 1902.

This book has pleased us exceedingly. It is not as voluminous as the admirable work of Deaver, but it is full enough to be extremely useful to the practitioner or student and not too bulky to be inconvenient. The descriptions are concise, but sufficiently comprehensive, and the plan of the work has been consistently and admirably carried out. It ought certainly to prove very helpful to all who understand the value of surgical anatomy in giving a clear grasp of the actual relations of parts. For the student, it may be especially commended, presenting the subject of anatomy, as it does, from its practical and its most interesting side. It shows the reasons for knowing things, and by giving him an incentive to study anatomy with an object, discourages him from simply memorizing. We take pleasure in recommending the work.

PARHAM.

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*A Text-Book of Anatomy.* By American authors. Edited by FREDERIC HENRY GERRISH. Second Edition, revised and enlarged. Lea Brothers & Co., Philadelphia and New York, 1902.

We spoke in commendation of the first edition of this work on Anatomy and our judgment as to its merit has been fully sustained by the verdict of the profession and the schools demanding so soon another edition. The second edition has been thoroughly revised by the editor and his distinguished collaborators and deserves the patronage it has enjoyed.

PARHAM.



*A Text-Book of the Surgical Principles and Surgical Diseases of the Face, Mouth and Jaw.* For Dental Students. By H. HORACE GRANT, A. M., M. D. W. B. Saunders & Co., Philadelphia and London, 1902.

This work is intended for the student of dentistry and as such ought to be found very useful. It touches only on such subjects as are necessary to elucidate the principles of dental surgery, and describes succinctly those diseases and injuries likely to require the services of a dentist. It can scarcely be recommended to the student of medicine, as its information is too meager.

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*Genito-Urinary and Venereal Diseases.* By LOUIS E. SCHMIDT, M. Sc., M. D. Lea Brothers & Co., Philadelphia and New York, 1902.

One of the "Medical Epitome Series." It covers the subject concisely but satisfactorily and makes a good quiz-book for students. The author includes gonorrhea with G.-U. diseases instead of the venereal, although he properly states in his introduction that *three* distinct types of venereal diseases are recognized: gonorrhea, chancroid and syphilis. This might confuse the beginner.

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C. C.

*The Practical Medicine Series of Year Books*, issued monthly, under the general editorial charge of G. P. HEAD, M. D., Vol. VIII, Pediatrics and Orthopedic Surgery. The Year Book Publishers, 1902, Chicago, July.

This is one of ten volumes aiming to give the year's progress in the subjects treated. In this volume pediatrics is treated by Christopher and Walker, and orthopedics by Ridlon. The review is very satisfactory and the volume can be commended as presenting progress of these two subjects fairly.

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*Supplement to the Twentieth Century Practice*, An International Encyclopedia of Modern Medical Science, by Leading Authorities of Europe and America. Edited by THOMAS L. STEDMAN, M. D. William Wood & Co., New York, 1902.

It has been thought that a supplementary volume to the *Twentieth Century Practice* would be welcomed by those who possess that work. Most of what is contained in this great encyclopedia of medicine is, indeed, as fresh to-day as when it was written, but the rapid advance in medical knowledge has made necessary a revision of a few of the articles and an amplification of others. In the case of yellow fever, for example, the work of the medical officers of the United States Army in Havana has so widened our knowledge of the etiology of the disease, and as a result shown us the means of its prevention, that an entirely new treatise has seemed called for. This has been prepared by the man at whose incentive the work was undertaken, ex-Surgeon General Sternberg. Experience in the Philippines has demonstrated beyond question the fact that what is called dysentery is not a morbid entity, but embraces at least two diseases—a bacillary and an amœbic dysentery. Dr. Shiga of Japan, the

discoverer of the bacillus that bears his name, has accordingly contributed an article treating of bacillary dysentery. The discovery of Röntgen was almost coincident with the beginning of *Twentieth Century Practice*, and the medical applications of the X-rays are now so definitely established that the time has come for an article devoted to the subject, and such a one has been written by Dr. Carl Beck, of New York, one of the pioneers in this new science. The blood has been an especial object of study in recent years, the diagnostic significance of the variations in number and form of its cell constituents and the chemical changes incident to antitoxin formation and the production of immunity being the two main lines along which researches have been instituted. These two subjects have been thoroughly modernized by active workers in their respective fields. Another centre of interest at the present time is the pathogenesis of cancer. An article reviewing the work thus far accomplished by the searchers after a specific germ of malignant growths has been contributed by Mr. Roger Williams, and Dr. Coley has supplemented his previous article by a presentation of what has been accomplished in the way of the X-ray treatment of cancerous growths. Between thirty and forty other brief articles have been written by the authors of the original treatises, revising or adding to their previous contributions. In short, the aim of the publishers in issuing this volume is, by supplying deficiencies and correcting what further investigation has shown to be erroneous, to place the original work again abreast of the times.

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## Publications Received.

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*Diseases of the Skin*, by Alfred Schalek, M. D.—Lea Bros. & Co., Philadelphia and New York, 1902.

*Transactions of the American Otological Society*, July, 1902.

*Gynecology, Obstetrics, Menopause*, by A. H. P. Leuf, M. D.—The Medical Council, 1902.

*Clinical Surgery*, by A. J. Ochsner, M. D.—Cleveland Press, Chicago, 1902.

*A Treatise on Diseases of the Eye, Nose, Throat and Ear*, edited by William Campbell Posey, M. D., and Jonathan Wright, M. D.—Lea Bros. & Co., Philadelphia and New York, 1903.

*A Reference Handbook of the Medical Sciences*, edited by Albert H. Buck, M. D.—Volume V. William Wood & Co., New York, 1902.

*A Manual of Dissection and Practical Anatomy*, by William T. Eckley, M. D., and Corinne B. Eckley.—Lea Bros. & Co., Philadelphia and New York, 1902.

## MORTUARY REPORT OF NEW ORLEANS.

(Computed from the Monthly Report of the Board of Health of the City of New Orleans.)  
FOR NOVEMBER, 1902.

CAUSE.	White.	Colored.	Total.
Cholera Morbus.....	...	2	2
Fever, Malarial Intermittent. ....	2	8	10
“ Typhoid or Enteric.....	8	3	11
Erysipelas .....	2	...	2
Diabetes .....	2	...	2
Locomotor Ataxia.....	2	1	3
Appendicitis.....	2	...	2
Puerperal Diseases.....	2	1	3
Bronchitis .....	3	3	6
Diphtheria and Croup.....	3	...	3
Carbuncle .....	1	1	2
Whooping Cough.....	...	1	1
Broncho-Pneumonia .....	2	...	2
Pneumonia .....	14	14	28
Cancer.....	13	5	18
Tuberculosis.....	38	29	67
Diarrhea (Enteritis) .....	40	14	54
Dysentery .....	5	...	5
Intestinal Obstruction .....	5	...	5
Hepatic Cirrhosis .....	10	3	13
Other Liver Diseases .....	3	1	4
Peritonitis .....	...	4	4
Congenital Malformations .....	3	...	3
Debility, Senile.....	13	9	22
“ Infantile .....	8	7	15
Bright's Disease (Nephritis) .....	23	11	34
Diseases of Bladder .....	4	...	4
Heart, Diseases of.....	31	21	52
Softening of Brain.....	1	1	2
Congestion and Hemorrhage of Brain.....	14	8	22
Meningitis .....	4	5	9
Paralysis .....	7	...	7
Convulsions, Infantile .....	1	2	3
Trismus Nascentium .....	4	5	9
Injuries.....	17	11	28
Suicide .....	1	1	2
All Other Causes.....	33	16	49
TOTAL.....	321	187	508

Still-born Children—White, 21; colored, 25; total, 46.

Population of City (estimated)—White, 223,500; colored, 81,500; total, 305,000.

Death Rate per 1000 per annum for Month—White, 17.23; colored, 27.53; total, 19.95.

## METEOROLOGIC SUMMARY.

(U. S. Weather Bureau.)

Mean atmospheric pressure..... 30.04  
Mean temperature..... 66.  
Total precipitation..... 3.65 inches.  
Prevailing direction of wind, southeast.



# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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## Original Articles.

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[No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. A complimentary edition of fifty reprints of his article will be furnished each contributor should he so desire. Any number of reprints may be had at reasonable rates if a WRITTEN order for the same accompany the paper.]

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### A NOTE ON THE TREATMENT OF THE CHANCRE.

By ISADORE DYER, Ph. B., M. D., New Orleans, La.

Within the past two months three patients have presented themselves for treatment with the story that previous consultations with medical men had resulted in a speculative diagnosis of the chancre and that iodid of potash had been given to *clear up the diagnosis*.

Another case seen in consultation brought out the statement from the physician himself that, "being in doubt as to the differentiation between the possibility of a chancre or chancroid," he had given increasing doses of iodid for a week.

It is a sad confession to make, but none the less true, that the average practitioner of medicine is utterly ignorant of the logic of the treatment of syphilis and that he fails to distinguish the indications in the disease. Otherwise a practitioner of ability, when it comes to syphilis he is ignorant of method and is hardly ever willing to learn, especially as the disease seems to get better under any sort of treatment so long as this includes iodid or mercury.

Syphilis is truly called a protean disease and in no other phase is this more exactly so than with the chancre.

Whether extra genital or found in the usual regions, this lesion seldom follows the descriptions as laid down in the text-books. On this account as much as any other, the average medico fails to think out the anomalous types or else, being in doubt, he gives the patient the burden rather than the benefit of that doubt.

Opinions differ among the best of syphilologists as to the treatment of syphilis at its primary stage, but that very difference of opinion should weigh in favor of the conservatism in this matter.

The chancre is acceptedly the evidence of constitutional infection with some toxic agent, called a virus, which is the essential of syphilis, manifesting itself first of all at the point of inoculation and resembling vaccinia in that this initial inoculation acts as a site for the first evidence of blood infection. Depending upon the degree of infection, the hygiene of the part affected, upon the habit of the patient, his resistance, etc., the chancre may follow the similitude of the classic type—Hunter has laid down for it, with eversion, cartilaginous base, excoriated surface, with small discharge, and that transparent, or little discolored, pain negative or transient.

In the vast majority of cases, however, there is a dirty yellow crust thinly covered, an excoriation, hardly to be called an ulcer, with pus and something else, which may be called a discharge. Sometimes there is a base, to be discerned, like parchment, but more often there is granulating border on one or all sides of the ulcer, which may have any shape, sometimes rounded.

Again the lesion presents with a sticky discharge, whitish in color, showing excoriation, no crust and a raw base, bleeding when handled or rubbed. Still each of these is the initial lesion of syphilis.

With the last two it is practically impossible to diagnose syphilis. Some men do so, but with that degree of speculative instinct which is as lucky as it is uncertain.

This leads up to the consideration of the chancre from the viewpoint of treatment.

Fortunately it is no longer the vogue to cauterize the chancre just because it is a chancre or is suspected of being one.

Where it is phagedenic, gangrenous, or full of granulations, burning in some way is indicated. The remedy to be used must be selected according to the object desired. If much cauterization is desirable, the actual cautery is the thing. Then, nitric acid, or the acid nitrate of mercury. Otherwise, the only need is for a light cauterizant effect, which nothing gives so well as a slight brushing with pure carbolic acid. Too extensive burning is prevented by the use immediately of pure alcohol.

Usually none of these things need be employed, for the chancre is as self-limited as other eruptions of syphilis, and dependent upon that same degree of resistance we have before now discussed.

Ordinarily, cleanliness and some mild astringent application, as black wash or yellow wash, or dusting powders with antiseptic qualities are sufficient to protect the ulcer until it heals of its own accord. Powders of service here are nosophen, compound stearate of zinc, bismuth with perhaps one per cent. of salicylic acid added, etc., as indicated.

The only indication for internal treatment is with such agents as will help to establish the resistance of the individual until such time as he is ready to accept the diagnosis of syphilis, because proven, when he can take proper medicine for the disease.

To anticipate the diagnosis, to do anything which will preclude it, as does the early administration of either mercury or iodid, is wrong, illogical and unjustified.

The very eruption of macular syphilis, which is usually the first of the skin evidences, is the attempt of Nature to eliminate the poison; then is the time to help Nature and the patient with internal treatment which has the chief quality of eliminative process.



## Clinical Reports.

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### CHRONIC OSTEO-MYELITIS OF LEFT HUMERUS AND LOWER ONE-THIRD OF LEFT FEMUR OCCURRING AS A SEQUENCE TO TYPHOID FEVER. OSTEOTOMY. PRELIMINARY OBSERVATIONS.

By B. A. TERRETT, M. D. Natchitoches, La.

ANAMNESIS.—Felix L., white, *aet.* 10, native of Louisiana. Father and mother both living, and has several brothers and sisters living, and all in good health. No tubercular or syphilitic diathesis on either father or mother's side. Patient was referred to me in June, 1901, by Dr. Scruggs, of Cloutier-ville, for treatment of a chronic suppurating sinus in the left arm which had been existing for several weeks. Two months previously patient had been confined to his bed with an attack of typhoid fever which extended over four or five weeks and which left him very weak and emaciated. One month after the cessation of the typhoid infection, there occurred a somewhat painful swelling in the upper third of the left arm, which latterly ruptured, discharging about a deciliter of rather foul and yellowish pus. There was but little diminution in the size of the enlargement, but great relief attended the spontaneous evacuation of the pent-up material. The pus-opening remained patulous, discharging small quantities occasionally and showed no disposition to heal. A diagnosis of chronic osteo-myelitis was made by Dr. Scruggs and the patient was referred to me for operation.

SPECIAL EXAMINATION.—Patient is an average sized boy for his age; is markedly anemic and gives every physical indication of a long and exhausting siege of sickness. Heart and lungs are normal. Urine is also normal. Examination of left arm reveals a suppurating sinus on the outer aspect of the arm at upper third. Ordinary movements of the arm are attended by some pain. There is a distinct fusiform enlargement of the humerus extending practically throughout the entire shaft. Introduction of the probe into the sinus orifice is followed by the liberation of a rather foul, semi-tenacious, yellowish pus. The

instrument can be made to impinge against distinctly exposed bony surface, thus verifying the inference of osseous involvement. The left arm shows a slight increase in length, something over a centimeter, as compared with its fellow or opposite member. The patient was placed upon a ferruginous tonic and stimulated several days in advance of the operation.

OPERATION.—Chloroform anesthesia was employed. An incision one decimeter in length was carried primarily through the sinus, which led directly to the bone. Free exposure of the osseous structure disclosed a cloaca or fistula which led immediately to the medullary or central cavity. Exploration of the fistulous track revealed a movable and hard substance in the central canal, which, upon being struck, emitted a characteristic tympanitic sound indicating the existence of a sequestrum. Trephining with a crown instrument was primarily resorted to, to gain entrance. After admission into the canal the cast-off foreign body was rendered plainly visible, but was too large for immediate extraction, as it involved the entire length of the diaphesis of the humerus. The cutaneous incision was prolonged vertically downward, and in line with the outer condyle, care being exercised to avoid severing or injuring the musculospiral nerve and superior profunda artery, as the condyle was being approached. A gutter-opening or trough, running parallel with the initiatory skin cut was made through the involucrum or encasing bony wall of the sequestrum, by application of the rongeur. The encapsulated foreign body, something over a decimeter in length, being now freely exposed was removed. All pyogenic tissue was curetted away. The wound was swabbed with pure  $H_2O_2$ , irrigated with bi-chloride solution, 1-5000, and finally washed in normal saline. Although involving a large section of the humerus, regeneration to a good extent was regarded as comparatively favorable, owing to the youthfulness of the patient. It was decided, therefore, to close the wound by simple coaptation of the periosteo-musculo-cutaneous structures with sufficient opening to admit of easy packing out of the osseous cavity and to allow of the wound to heal by granulation, rather than to resort to canalization (Neuber) or to trust to an aseptic blood clot (Schede) (absence of material at the time rendered the methods of Senn or Schleich impracticable) for accelerating osteogenetic process and expediting the healing of the wound.

REMARKS.—The patient was discharged at the end of three and a half months. In the meanwhile his strength had improved considerably and there was an increase of 10 or 15 pounds in weight. Four months after the healing of the wound patient was again brought back for treatment of a large, hard and somewhat painful swelling in the lower third of the left thigh, just above the condyle. Examination revealed a distinct enlargement of the femur, and as the patient evidenced incipient emaciation and a slight pyrexia (100 deg. F.) (blood count was not made), it was decided to make an exploratory cut and examine the bone. Under rigid asepsis, an incision, corresponding to the long axis of the bone and 1 decimeter in length on the outside of the leg, was carried over the seat of enlargement; the muscles were separated and the bone exposed. A half-inch crown trephine was employed for entering the canal. Removal of the bone button was followed by the escape of a half deliciter of a foul and yellowish pus. The opening was enlarged vertically for nearly a decimeter and was made to extend downward approximately to the diapheseo-epiphyseal junction. All necrosed tissue was removed. No spiculae of bone were found. The cavity was treated as in the formerly cited condition. In two and a half months the wound was practically cured and the patient was discharged. Since the latter operation the patient has gained materially in strength and weight, and is completely restored to health. It is unfortunate that a microscopic examination of the pus was not made, as I am quite certain that the typhoid bacillus would have been identified.

GENERAL REMARKS.—From the record of the case I will abridge the general points of interest, viz. :

(A) A chronic osteo-myelitis of the entire humeral shaft, with the formation of a sequestrum extending likewise throughout the length of the bone, occurring most probably from the deposition of Eberth's bacillus from an antecedent typhoid infection, and which found a nidus or locus minoris resistentia in the bone, which culminated eventually in chronic suppurative changes in the osteo-myelenic structures.

(B) Sequestrotomy with final healing of the wound, and complete restoration of the normal functions of the limb.



(C) Development of a secondary osteo-myelitic process in the lower third of left femur two months after the healing of the primary wound of the humerus, which eventuated in a cure after osteotomy.

(D) The unilateral character of the disease and the involvement in each instance of the large bones, humerus and femur, respectively.

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JACKSONIAN EPILEPSY—OCCURRING TWO WEEKS AFTER  
A SEVERE BLOW ON THE HEAD—SIX MONTHS LATER  
CRANIOTOMY PERFORMED—PRELIMINARY OBSERVA-  
TION.

By B. A. TERRETT, M. D., Natchitoches, La.

ANAMNESIS.—Andrew B., white male, age 26, native of Louisiana and a farmer by occupation. Parents are living, in excellent health. Patient always healthy and robust. No syphilis or venereal trouble. No syphilitic taint in parents. Negative history of alcoholism in either parents or patient. Inquiry into family history negatives any special mental weakness in antecedents. In ordinary affairs of life patient has always displayed sound sense and had never exhibited any signs of pronounced impotent mentality until some three weeks after the receipt of a severe blow on the left side of the head in the fall of 1900, sustained by his being thrown from his horse, his head striking violently against a heavy piece of timber, which rendered him partially unconscious for several minutes. Two weeks after this accident he was stricken for the first time with a rather severe convulsive seizure. One week later, there was a recurrence of the spasm, and as the condition persistently recurred every seven or ten days, he was placed under medical care. Bromides and other medicinal agents were administered, which, transitorily, checked the frequency and severity of the attacks, but, at the expiration of four or five months, this line of treatment failed to wield effective inhibitive action and the convulsions began to recur with increasing violence. From one to two attacks occurring in forty-eight hours, the spasmodic twitchings occurring primarily in the right arm later extending uniformly over the entire body. There was also persistent and annoying headache at times. Patient now began to exhibit decidedly altered mental behavior. Grew morose and irritable,

lacked energy, and at times became extremely violent, verging seemingly upon actual insanity. It was during the acme of this trouble, February, 1901, that he came under our care.

**PHYSICAL EXAMINATION.**—Patient is tall and large-boned with sunken cheeks and eyes setting back in cavernous sockets. Looks strangely nervous, displays jerky movements, and speaks in a semi-rational way, replying quite lucidly to some questions while strangely confusing in other answers. Examination of heart and lungs reveals nothing normal. Urine analysis discloses no abnormalities. A searching examination to prove the existence of syphilis yielded negative results. Pupillary and patellar reflexes are normal. Careful scrutiny of the head reveals a slight scar in the scalp over the outer portion of the left parietal bone, which represents the impact of the original injury. No depression is discernible by palpation, and the scar is practically insensitive. Further examination of the patient fails to disclose any deviation from the normal. Parenthetically it may be said that an ophthalmoscopic examination was not made, hence the condition of the optic disc was not known. A diagnosis of Jacksonian epilepsy, of more than probable traumatic origin was made, but, it was deemed the safest and most judicious procedure to hold the patient under careful surveillance for a few days and inaugurate the bromide treatment. The anti-convulsive effect of the medicinal agent was comparatively nil, in so far as effectively diminishing the seizures, they recurred with seemingly mathematic regularity. The patient now began to show certain symptoms of physical weakness and after mature deliberation and noting the character of the convulsions, craniotomy was settled upon as a radical means of relief.

**OPERATION.**—Shaving of the entire head and the adoption of thorough and rigorous asepsis as is practiced in all cranial operations was here sedulously carried out. With the assistance of my friends, Drs. Gallion and Stephens, the operation was done. Strychnin 1-30 and atropin 1-150 was administered hypodermically prior to resorting to chloroform. The usual semi-lunar incision, encompassing the small scar, was made. The bone was exposed, but no evidence of depression was demonstrable. The cutaneo-parietal flap was reflected upward, but at this juncture the patient suddenly evinced signs of shock, which being difficult of combating, it

was decided to defer cranial invasion—proper—until next day. The wound was dressed antiseptically and the patient was toned up by the usual heart stimulants. The following day the patient was arranged for the secondary operation which, being now relatively painless, necessitated but a minimum quantity of anesthetic. A conical one inch (Galt) trephine was applied over the bone. The skull was found to be abnormally thick, fully one centimeter, and the inner plate of the detached button was practically flat. The dura and bone were intimately adherent, indicating the existence of previous external pachymeningitis, and when separation was effected, showed the brain to be pulsating very perceptibly beneath the membranes. The rongeur was now brought into requisition and the cranial opening enlarged. Generous oozing from the diploë occurred, which was controlled by pressure. A striking observation when rongeur-ing away the circumferential border of the trephine-opening was the disparity in thickness between the trephine button and that portion of the vault circumscribing the trephine-opening in the skull, the latter being much thinner than the former, and assuming as it were, the natural thickness of the cranial roof, which denoted apparently, or rather urged the conclusion either (A) an incipient exostosis of traumatic origin, or (2) possible springing of the internal plate from the original impact. An incision of the dura, and inspection of the cortex disclosed nothing of an abnormal character. The normal pulsation and the condition of the cortex, in conjunction with the abnormal findings in the osseo-dural tissue, forced the conclusion that the trouble originated primarily from the latter source. The existence in such case of sub-cortical tumors, cysts, etc., were not ignored, but incision or aspiration of the brain in the face of the osseo-dural changes, and the normal condition of the cortex, with regular brain pulsations and an absence of bulging, seemed unwarrantable. Less so, apparently at the time would have been the attempt at localization by electricity of the explosive focus and removal thereof; simple craniotomy was therefore formed along the usual routine lines. The wound was flushed gently with normal saline, the dura sutured with fine catgut, the flap replaced, with a small gauze drain at the lower edge and the wound stitched. Antiseptic dressing was applied as in the aforementioned case.



REMARKS.—There were no alarming or serious signs of shock. Rallied finally from the anesthetic, and during the same night slept quite well. The following day temperature rose to 103, patient grew extremely nervous, and was ultimately visited with a slight seizure. Hydrotherapy was resorted to, ice cap and sponging as an antithermic remedy, while bromides were given to control the tendency to general convulsions. Temperature fluctuated between 102 and 105 deg. F. for five days after the operation, but at the end of a week it entirely subsided and patient made a rapid recovery. Had only 3 or 4 convulsions during the first three weeks after operation, and there was evident improvement both in mental and physical condition. Patient was allowed to return to his home, some 25 miles out in the country, and was given bromide only during a display of nervousness.

For six months after the operation patient seemed entirely restored. Gained 25 or 30 pounds in flesh, and after his return home had only two or three slight seizures in all, and there was a decided change for the better in every way, in his mental status. Resumed his work on the farm with unusual interest and activity. Six months after the operation became thoroughly intoxicated. A couple of days later he was seized with a severe convulsion which recurred thereafter, once or twice a week, patient finally in a couple of months becoming absolutely insane. Becoming quite violent he was ultimately interdicted, and at present writing his condition has not improved.

The essential features touching upon the personal history and operation as well as post-operative happenings I may collate in the following conclusions, viz :

(A) Epileptic seizures of the Jacksonian type occurring suddenly and without any premonitory symptoms two weeks after a severe blow on the head.

(B) Increasing violence and frequency of the attacks despite careful medicinal and hygienic treatment.

(C) The practical cessation of the convulsions and material improvement of the mind for six months after operative interference.

(D) The return of the convulsions six months after operation with the usual severity, with the longer intervals between the attacks, with final complete abolition of the mental status,—precipitated ostensibly as a sequence to alcoholic excitation.

DEPRESSED FRACTURE OF RIGHT PARIETAL BONE NEAR CORONAL SUTURE LINE AND OF TWO YEARS STANDING. DECIDED MENTAL SYMPTOMS DEVELOPED AS A RESULT OF THE TRAUMATISM. CIRCULAR CRANIOTOMY. PRELIMINARY OBSERVATION.

By B. A. TERRETT, M. D. Natchitoches, La.

ANAMNESIS.—Raymond L., white male, age 27, native of Louisiana, mother and father both living, has several sisters living, all in good health. Patient has always been strong and vigorous; has always exhibited remarkably strong mental characteristics, as well as a thoroughly sound physical constitution; has never been seriously ill in his life, and had never sustained any injury of importance, until 1898, with a 38 S. & W. pistol, accidentally discharged, the bullet striking the patient who was standing somewhat obliquely and about 6 or 8 feet distant. The missile struck the outer side of the right parietal bone, near the coronal suture line, crushing both the outer and inner tables, which in turn ruptured the dura and immediately underlying subarachnoid and pial membranes, lacerated the cerebral cortex, and caused a sufficient hiatus or rent in the cranial vault as to allow the escape of over 2 teaspoonsful of brain substance. The patient was rendered totally unconscious for several hours and during this interval medical assistance was procured. The loose fragments of bone were cleared away, the shattered remnants of the bullet were removed, and the wound antiseptically dressed. Owing to the profound shock, bespeaking impending dissolution, the attending physician decided to abstain from operative interference, and thus avoid additional shock. After few hours under active stimulation, patient's general condition improved, consciousness being gradually restored. No paralysis supervened, no alarming or untoward symptoms (as far as can be elicited) occurred at any time, and the patient made a speedy and uneventful recovery. As there was an absence of paralysis, no mental changes noticeable and the fact that the patient recuperated rapidly and with an absence of any suspicious or disagreeable symptoms, his condition was dismissed as not warranting further interference. A few months following this injury he again resumed farming enterprises with the same interest and spirit as before, and at no time disclosed sign of mental impotency or aberration. Twelve months later he decided to abandon farming and was employed

as a worker in a railroad shop in Texas. This position he held for six months, during which time it was noticed that his memory began to rapidly fail him. He began to develop a morose and peevish disposition, became irritable upon the slightest pretext, would work himself into a veritable state of uncontrollable excitement without apparent justification, and, as it seemed plainly evident that his mental status was becoming seriously disturbed, he was discharged from further service. During the subsequent interval, some four months prior to operation, his condition seemed to become exaggerated, there was a distinct accentuation of the nervous symptoms, and the impairment of memory seemed only to grow worse. It was during this period that his family consulted me relative to his condition and on Nov. 26, 1900, I saw him for the first time. After keeping him under surveillance for a day or two and noting carefully his condition, craniotomy was advised and accepted.

**PHYSICAL EXAMINATION.**—Patient is of medium height; weighs about 145 pounds, and appears physically healthy. Heart and lungs seemingly intact. Urine not abnormal. On the outer side of the right parietal bone near coronal suture line, can be seen a small depressed scar, a little over a centimeter in diameter, and upon circumspect palpation, a distinct depression of the osseous structures can be plainly outlined, which apparently extends through a distance of about one centimeter. The cicatricial area is sensitive to manipulation, and the circumferential osseous borders appear a trifle rough. There is a very noticeable nervousness on the patient's part at times, while at others, the converse condition will predominate and a general apathy will supervene. A striking abnormal mental symptom is his inability to follow the thread of the simplest conversation, and, in the majority of instances, is unable to accurately recall remarks which have been uttered only five minutes previous. Confuses dates, names and places, and when reminded of his error will commit the identical mistake five minutes after having been corrected. Pupillary, patellar and other reflexes normal. No sign of paralysis at any point, nor evidence of atrophic changes throughout the muscular system.

**OPERATION.**—A couple of days in advance of the operation the head was shaven and was rendered as aseptic as possible by the usual measures. The scalp was scrubbed with soap and



water, washed liberally with a 2 per cent. carbolyzed solution, then with pure alcohol, and, finally, a wet bi-chloride dressing, 1-5000, was applied. Renewal of the bi-chloride dressing was again done, the day prior to invasion of the cranial cavity. On December 29, 1900, the operation was performed, assisted by my friends, Drs. Z. T. Gallion and J. S. Stephens. A semi-lunar incision encircling the depressed area, with the base directed downward and about one decimeter in diameter was made, the periosteum was separated from the bone and the flap reflected upward. That portion of the flap corresponding to the under surface of the cicatrix was so densely and tenaciously adherent to the osseous depression as to yield only to the knife before it could be detached from the bone. After retracting the cutaneo-periosteal covering and examining more critically the exposed bony surface, there could be seen a pronounced roughening and jagged condition of the edges of the depression, formed especially from the outer table, and the central portion of the depression itself, dipped vertically downward for a distance of about a centimeter and was filled by dense scar tissue. This was removed and a half inch conical (Galt) trephine was applied over the field of depression and trephination practised. In detaching the osseous button which was extremely attenuated and which most probably represented simply the inner plate—the outer having been removed no doubt during the original injury—the dura which was intimately adherent was accidentally torn through. This contingency, however, engendered no special embarrassment, since it created a window for further scrutiny and obviated the necessity of a methodic dural incision. The rongeur was next employed to bite away all vestige of depressed bone, adhesions were obliterated as far as practicable, the cranial cavity was examined for osseous spiculae and fragments of bullet, but there was an absence of extraneous material. The wound was flushed gently with normal saline, the dural membrane closed, the vessels in the scalp were ligated with silk, the cutaneo-periosteal curtain brought down and sutured with silk worm after having first inserted a small gauze wick at the most dependant part of the wound. A form of moist chamber dressing was employed in order to avoid possible pressure over the trephine opening.

REMARKS.—The patient recovered rapidly from the anesthetic; no signs of shock. After six hours when seen he had slept with no symptoms of depression or nervousness; pulse regular and full, and running at 68 while the facial features looked bright and cheerful. Three hours later, I was summoned hastily to see him and was notified that he had had two convulsions, the last one having been held partially in abeyance by the inhalation of chloroform, administered by Drs. Gallion and Stephens, who arrived before me. The patient looked pale, pupils were slightly dilated, tongue was slightly lacerated from having been caught between the teeth, while the pulse registered 60, but seemingly of excellent quality. The probability of secondary hemorrhage by the slipping of a suture or by general oozing with a resultant formation of a confined clot over the trephine-opening which by its presence exerted sufficient pressure on the dura, and, secondarily, on the brain as to initiate convulsive seizures immediately forced itself for consideration, and re-opening of the wound was at once decided upon and promptly executed. The usual aseptic precautions were observed, and the line of sutures removed and the cutaneo-periosteal curtain, in its entirety, was reflected clear of the opening. Occupying the trephine opening was a large clot formed from the anterior temporal artery which had slipped its ligature and could now be seen to be spurting vigorously. A threaded curved needle was made to circumscribe the vessel, including coincidentally some of the peri-arterial tissue of the scalp. The clot was removed and the wound closed as in the primary operation. The patient made an uninterrupted recovery and has manifested a decided change for the better since the operation. He now converses with more clearness and coherency, recalls past events which before were almost obscured from memory, and is wholly rid of all signs of nervousness and occasional jactitation. Patient is now engaged in agricultural pursuits, and seems practically restored to his pristine condition.

GENERAL CONCLUSIONS.—The interesting points I may group as follows:

(A) A pistol wound of the right parietal bone, near coronal suture line, shattering both the outer and inner shell of the cranial vault, rupturing the dura and subjacent subarachnoid

and pial membranes, lacerating the cortex, with extrusion of two teaspoonsful of cerebral matter.

(B) The rapid recovery from the injury, with an absence of any suspicious or disagreeable symptoms until one and one-half years after the receipt of the injury.

(C) The removal of the depressed area two years after the original injury, with subsequent restoration of normal mental equation.

(D) The accidental development of secondary hemorrhage by the slipping of the ligature from the anterior temporal artery, with the formation of a clot over the trephine opening which induced sufficient pressure to inaugurate convulsions.

(E) The importance of utilizing suture ligatures for arteries of the scalp as a reliable guarantee and safeguard for thorough and durable hemostasis.



# N. O. Medical and Surgical Journal

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## Editorial Department.

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CHAS. CHASSAIGNAC, M. D.

ISADORE DYER, M. D.

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### A NEW POST-GRADUATE SCHOOL.

The utility of post-graduate medical schools is established and the need of them is generally conceded. All large medical centres have or will have them. Washington is an excellent location for one and it is natural one should be organized there.

Having stated these general propositions concisely yet, we hope, clearly, it can not be thought or insinuated that anything we may have to say about the new Washington institution is due to direct or indirect interest in our local school. Further, when we state that the men connected with the Washington school are proficient and learned, many of them standing high in the rank of physicians, surgeons and teachers, it can not be supposed that we are influenced by personal bias against them.

At the cost, then, of advertising gratis the post-graduate school which was launched in Washington last month, we feel in duty bound to protest against some of its features.

A quotation or two from its announcement and the simple statement of a few facts gleaned therein are almost sufficient to word our objections. On the first page we read, "the course of instruction will be especially valuable for physicians who contemplate entering one of the branches of the public service. For such as desire it, advice will be given with reference to conditions of admission to the *Army*, the *Navy* and the *Marine Hospital Service*, and quiz classes will be arranged to prepare them for the examination". Turning the page we see "that the list of Professors includes the names of several physicians connected with different branches of the Government service". If we proceed to inves-

tigate what the latter statement really means, we find among the teachers, the head of the Marine Hospital Service; two assistant surgeons general of the same service; the zoologist and the director of the Hygienic Laboratory of the same; a medical director of the Navy; besides several surgeons of the Navy and of the Army, etc. In addition, the surgeons general of the Marine Hospital Service, of the Navy, and of the Army are on the Board of Directors of the School.

There is a double disadvantage in the connection, especially as teachers, of men of such high standing in their respective service with a pay school open to all comers. These officers are well paid and they owe their time to the Government. What teaching they do should be to those who are already under their jurisdiction. Also these high officials should be like Cæsar's wife; they should not place themselves in the position of bidding for the patronage of applicants for places under them.

The fact that some of them are advertised in their circular as "scientific specialists who have a world-wide reputation" is simply a question of taste.

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#### THE MUNICIPAL HEALTH GUARDIANS.

The Civil Service Commission of the United States have adopted the system of New Orleans' meat inspection as a model for their own. This is highly creditable to our health authorities, and the fact deserves special note. The present method has now been practiced some years and is evidently effectual, as the New Orleans markets are ordinarily in nowise offensive.

Considerable attention has been directed of late at the garbage disposal in New Orleans, even to the point of making it a matter of municipal discussion. The local Board of Health has taken issue with the Commissioner of Public Works, and has recommended improved method of disposal of waste materials, garbage, etc., by cremation. Formerly this was practiced in some degree, but in late years the crematory had gone into desuetude, the plant now being a monument to the neglect and carelessness, both of which are characteristic of the present commissioner's office.

The streets of New Orleans were never dirtier, and this condition at no time received more indifferent attention than now. The garbage conditions are merely a phase of the general status of affairs.

We have had occasion to speak of the inartistic way in which the gutters are cleaned and their contents piled along the street in disgusting heaps, only to be blown about when dried or to be rolled back into the gutters with the first rain. The main thoroughfares, usually the pride of urban communities, are so covered with accumulated mud and dirt as to invoke commentary at strangers' hands.

The City Board of Health is trying to do its best along its own lines, and it has met adverse criticism because of the attack upon the present method, or lack of method, in garbage disposal.

We have already become a great convention city, but our streets and conditions of hygiene in those regards are not of the sort just now to command the highest regard or praise from transient guests. There must be some reason and also some remedy.

We appreciate that the finances of the city are not such as to maintain an army of "white angels" to clean the streets and to maintain an air of cleanliness—but when our Southern neighbor in Cuba, Havana, can present a wholesome appearance in this regard and can clean her streets once or twice each day, New Orleans should think it timely and worth while to at least approach so excellent an example by being cleaned up once in a while.

Carnival is at hand, the American Medical Association is coming, and so are the Veterans, and the advice we give is timely.

The Mayor of New Orleans has recently stirred up the Police Department, directing them especially to ordinances bearing upon the householders' throwing various things in the streets—but we believe, at the same time, his Honor should open his eyes to the conditions we discuss and to the point of removing these as well.



## THE AMERICAN MEDICAL ASSOCIATION.

Already the plans of the May meeting of the A. M. A. are on the point of maturing.

It has been many years since New Orleans has had a large gathering of medical men and never in its history will it have in its confines so great a body as will come in May, anywhere from 3000 to 5000.

The local profession have responded earnestly to the calls upon them, both in point of interest and financially, so that from this standpoint nothing more could be desired. The time is at hand for interest in the meeting to become practical and for each and every man of medicine in the State of Louisiana to arrange to be present to give his individuality to the meeting.

This should be early, as the meeting follows right on the heels of the State Society which comes to New Orleans the week previous, April 28, 29, 30.

The opportunity is a great one and the occasion more than worthy of each man's consideration.

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CRUELTY TO CATTLE AND OTHER ANIMALS.

We have received from the American Society for the Prevention of Cruelty to Animals a circular letter in which the president states his objections to the passage of an amendment to section 4386 of the revised statutes. Under this statute railroads or other parties transporting cattle, sheep, swine, or other animals are prohibited from "confining the same in cars, boats, or other vessels of any description for a longer period than 28 consecutive hours without unloading the same for a rest, water and feeding for a period of at least 5 consecutive hours, unless prevented from so unloading by storm or other accidental cause." The amendment proposes to change the word 28 to 40. This means that the time during which cattle in transporting could be kept crowded and without the possibility of moving, of feeding, or of lying down would be increased to 40 consecutive hours.

Mr. Jno. P. Haines, the president of the society, properly considers this needless torture, and calls attention to the fact that the humane transportation of animals needed for food interests the public at large for the simple reason that the fevered

flesh of cattle improperly transported cannot be wholesome food for human beings.

We believe that the points are well taken and heartily give our endorsement to the protest against the proposed change in the law. At the same time this may be a good opportunity to call attention to the fact that all humane societies might accomplish much more good by working in the line of this protest than by any opposition to vivisection to which some of them are inclined. A million times more suffering is caused by the improper handling of cattle and fowls for marketing and by the abuse of stock, evils which can easily be corrected but are not, than by all vivisection, which at least results in some modicum of good. Cruelty to all dumb creatures should be stopped, but energy should be expended first in the direction of correcting the most flagrant, frequent, and useless evidences of it.

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#### THE NEW INDEX MEDICUS.

The Carnegie Institute, Washington, D. C., has undertaken the renewal of the publication of the *Index Medicus*. It will be conducted along much the same lines as the former publication bearing this name. The subscription price has been reduced to \$5, one-fifth the former necessary price, thus placing this valuable reference work within the reach of all. The titles in the different languages, such as the Russian, Polish, Swedish, Danish, Turkish, Hungarian, Bohemian, Roumanian, Japanese and Chinese are to be translated into English. It is the intention of the editor, while indexing all real original articles, not to include all copies of an article which may appear in other journals. This will greatly simplify the use of the *Index Medicus*, and will add to the value of a publication which formerly filled a wide felt want in the library medical.

## Abstracts, Extracts and Miscellany.

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### Department of General Surgery.

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In charge of DR. F. W. PARHAM, assisted by DR. F. LARUE, New Orleans.

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THE TREATMENT OF TRANSVERSE FRACTURE OF THE PATELLA BY SUBCUTANEOUS PURSE STRING SUTURES.—John B. Roberts, in *Jour. A. M. A.*, Jan. 3, shows the simplicity of this method, as well as its efficiency in cases in his hands. He first reported such a case in *Annals of Surgery* in 1896. Further experience has increased his confidence in it and leads him to recommend its adoption.

Clinical experience and laboratory investigation seem to justify him in suggesting some modifications of the original procedure, which in his opinion will add to its surgical value.

The only instrument used is a stout needle five or six inches long and a strong ligature of silk, soft wire, kangaroo tendon or chromicized catgut. The suture is not at once applied. Usually about a week is allowed to elapse, during which period under the influence of recumbency in bed, with extension of knee and elevation of the limb to relax the extensors, with ice bag over the knee, he aims to favor the absorption of blood and synovial fluid. In cases where the intra-articular effusion is very great he would not hesitate to tap the joint, but this is seldom necessary. The suture is applied as follows after proper aseptic preparation of the field of operation. The needle is thrust transversely through skin, muscle and fascia, just below the lower fragment of the patella. The suture is thus drawn through, the needle re-inserted at the point of last exit, being thus inserted three times, making four openings, situated two just below the patella and two just above. It is not intended that the suture should enter the joint cavity, but it should be buried deeply enough and lie closely enough to the patella all around to insure approximation of the two fragments when the



suture is tied. The two ends of the suture coming out through the first puncture hole are drawn upon the two fragments, being manipulated together by an assistant until they are in close approximation, where they are held well by the tying of the purse string. If the suture is of catgut or kangaroo it is simply tied, the knot being allowed to slip in and bury itself; if of silk, or wire, the long ends are allowed to remain for four or six weeks, when the suture is cut and withdrawn. The operation is so simple and attended by so little traumatism that it is hardly necessary to give a general anesthetic, although the muscular relaxation might in many cases be very advantageous.

The needle punctures are dressed with aseptic gauze and a light gypsum bandage applied from middle of thigh to middle of leg, to prevent flexion of the knee. The patient is then put to bed with limb slightly elevated to relax the four headed extensor. The patient may get out of bed three or four days later and go to his business, being cautioned not to exert suddenly the thigh muscle, but the prevention of flexion should be maintained for seven or eight weeks, after which time gradually increasing passive motion of the joint should be carried out until mobility has been completely restored.

In order to prevent tilting of the fragments, anteriorly as shown in some of his skiagraphs, Roberts recommends, and has carried out with good effect, the plan of putting in a second suture more superficially. This latter he ties first. It is well before putting in either suture to bring the fragments into apposition and rub them vigorously together in order to force out any periosteum or other soft tissue that may have fallen in between.

Regarding this procedure, we may say that it is certainly to be recommended in many cases, but in some with great separation of the fragments it would probably not prove so satisfactory. In its favor we must admit that it is extremely simple and not likely to be followed by septic complications except in the hands of the grossly careless. It is not certain that bony union is accomplished by this procedure, but this can hardly be considered necessary for a good result, provided the fragments are held in sufficiently close apposition.

## Department of Obstetrics and Gynecology.

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In charge of DR. P. MICHINARD, assisted by DR. C. J. MILLER, New Orleans.

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THE MEDICAL INDICATIONS FOR THE INDUCTION OF LABOR.—Pinard dealt with this subject in a paper read at the International Congress at Rome, printed in the *Annales de Gynec. et d'Obstet.* and extracted at length in the *Journal of Obstetrics and Gynecology of the British Empire.*

The discussion is limited to the discussion of diseases which justify interference with pregnancy during its later months, and where it is our endeavor to save both mother and child; in fact, he would define the operation itself as a conservative one.

The general proposition is formulative that one ought to stop a pregnancy when a disease produced by, or aggravated by, pregnancy menaces the life of the mother.

Two decisions are made; diseases depending directly on pregnancy and chronic conditions aggravated by it.

In the first list is *Uterine Hemorrhages*. This becomes serious either on account of the amount or their persistence. A single loss, even large, is no direct indication, and blanching and syncopic tendencies, even to an alarming extent, only urgently necessitates operative interference when, together with this, the pulse rate is permanently increased above 100 per minute.

*Hydramnios*.—The mere amount of liquor amnii, even though very great of itself, is not an indication for inducing labor. The period of pregnancy during which the symptoms show themselves, and the rapidity with which the fluid is produced are, however, important. In general terms, the younger the pregnancy and the more rapidly the fluid is increased the greater the danger. Two main conditions of great importance are the increase of general edema, and rapid distension of the uterus. The first is accompanied with dyspnea, orthopnea, and general symptoms of asphyxia; while the latter is signaled by acute abdominal pain, dry skin, wasting, and great diminution in amount of urine. Fever is generally absent.

*Molar Pregnancy.*—Here the patient is not only exposed to hemorrhage, but equally so to a special intoxication, the latter being indicated by more or less complete loss of uterine contractility, and a cachectic tint of skin, quite different from the pallor of hemorrhage. The loss of contractile power is important as the patient may die from hemorrhage after the uterus is emptied. The association of vesicular mole with deciduoma malignum is another indication for interference.

*Toxemias of Pregnancy and Uncontrollable Vomiting.*—Uncontrollable vomiting must not be considered a disease by itself, a morbid entity, but as a manifestation of a toxemia. Early, appropriate treatment will often improve, or even cure, without interfering with the pregnancy. Great importance is to be attached to the rapidity of the pulse. As a general rule, if it exceeds 100 per minute, induction is indicated.

*Albuminuria.*—Vigorous medical treatment should render the necessity of induction a relatively rare proceeding; but if this is fair, and the amount of urine rapidly diminishes, the case is serious. A large amount of urine, insomnia, headache, failure of vision, and modifications of respiration, with other indications of danger, render induction justifiable.

*Eclampsia.*—Is induction justifiable? He does not think the question can be settled definitely. Putting aside exceptional cases, he thinks that the necessity for interference is not at present adequately defined.

*Diseases of the Circulatory System.*—In heart cases the condition of the kidneys must be carefully watched. Irregular rhythm of the heart, dyspnea, and symptoms of asphyxia would indicate the necessity for induction.

In his experience heart cases and pregnancy are always more or less serious; further, induction in the first half of pregnancy yields better results than the second half.

*Diseases of Urinary System.*—Pregnancy supervening upon nephritis may be serious, but there is no special symptom indicating induction, though the presence of a large amount of albumen with steady diminution of the amount of urine is serious. Psychical and uremic symptoms must be watched for. As long as the amount of urine equals 800 to 1000 grams intervention is not indicated except in unusual cases.



*Diseases of the Respiratory System.*—Among all the chronic affections, pulmonary tuberculosis alone is worthy of consideration, but Pinard strongly negatives operative procedure. All we can do is to treat the symptoms as they arise. The appended table giving the list of cases and the causes for which labor was induced, for other than pelvic contraction, is very interesting. It shows how seldom such conditions arise, for in 22,708 deliveries at the Baudelocque Clinique, extending over a period of ten years, it was necessary in only 20 instances, five of which died.

THE USE OF THE ELECTRIC CAUTERY CLAMP IN THE TREATMENT OF CANCER OF THE UTERUS.—Dr. Chas. P. Noble concludes an article on this subject, published in *American Gynecology* as follows: Some years must elapse before the actual value of the electric cautery clamp in the treatment of cancer of the uterus can be determined, but in view of the results secured by Byrne and of the positive theoretical advantage it has over the ligature method, it is reasonable to expect that it will give us a larger percentage of cures than the older methods, more especially in cancer of the cervix. The fact that such operators as Jacobs of Brussels, and MacMonagle of San Francisco, report large series of cancer of the cervix, operated upon by vaginal hysterectomy, without a single cure, that Baldy in his recent summary of results, estimates the cures from hysterectomy for cervical cancer at only five per cent. and that there is a general concord among writers that ten per cent. is a fair average for cures, makes it incumbent upon us to give a fair trial to any method which does not increase the primary mortality from operation and which gives promise of improving the ultimate results.

In the same number, Dr. Andrew J. Downes discusses electrothermic hysterectomy for cancer and describes an electrothermic angiotribe for which he claims several advantages over the original instrument of Skene.

Noble had also used the instrument, and it has been used in a sufficient number of cases to test its practicability.

## Department of General Medicine.

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In charge of DR. E. M. DUPAQUIER, New Orleans.

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SUBCUTANEOUS EMPHYSEMA.—RECOVERY.—A man suffering from pulmonary phthisis in the stage of induration, shrinking and softening of lung tissue, while having a fit of coughing, felt a very severe pain in the subclavicular region. At the same time his respiration became embarrassed and his neck began to swell. The swelling immediately continued to extend upward to the lower part of his face and downward to the upper portion of his chest. The fine crepitation due to sub-cutaneous emphysema was present. The swelling gradually went down and it had never recurred during the seven months that followed. There must probably have existed some adherence at the apex which allowed the air from some ruptured air cells to find its way directly into the tissues at the basis of the neck instead of into the pleural cavity. In general, such an accident is most serious and that because the escaping air rushes into the mediastinum.

In children affected with broncho-pneumonia the occurrence of sub-cutaneous emphysema, a pretty rare accident, it is true, bears also in general an ominous significance.—RENON and GÉRAUDEL in Reports of *Société Médicale des Hôpitaux*. *Journal de Médecine et de Chirurgie Pratiques*, November 10, 1902.

DANGEROUS SELF-DRUGGING.—As an illustration of one of the popular types of self-drugging, we notice an item which has been going the rounds of the papers for some time, ostensibly coming from a physician's communication in a medical journal, which advises the use of equal parts of peppermint water and spirits of chloroform as a remedy for sleeplessness. Of course, advice is often given in medical journals not intended for the public. The consequences of the général use of spirits of chloroform by the public whenever they can not go to sleep would not be altogether satisfactory to contemplate, and though the physician would probably have to be called in, there might be cases where the outcome might be disappointing. Nothing

is said about the dose in the newspaper items, therefore the victims, for that is what we may call them, would have a chance to do themselves up in the most approved fashion. Other items of this kind are extant—this is only one of many—but now and then it is worth while to notice them.—*Jour. Amer. Med. Assn.*, Jan. 10, 1903.

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## Department of Therapeutics.

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In charge of DR. J. A. STORCK, New Orleans.

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THE MEDICAL TREATMENT OF GALL-STONES.—The formation of gall-stones is due in the first instance to a nucleus in the gall-bladder usually of bacterial origin, and secondly to the precipitation of cholesterin or coloring matters from the failure of the bile to hold these substances in solution. Cholesterin and the coloring matters are held in solution by the glycocholates and taurocholates, and it follows that their precipitation must be due to an insufficient quantity of these substances. The obvious therapeutics of this condition is the administration of glycocholate of soda by the mouth, which, as is well known, is absorbed from the intestine, increasing the flow of bile, and at the same time preventing the precipitation of the cholesterin and coloring matters. Even when the nucleus exists in the gall-bladder, the formation of stone would be prevented if there was a sufficiency of glycocholate to prevent precipitation.

If small cholesterin or coloring-matter stones be placed in a solution of glycocholate of soda for a few days and kept at body temperature, they become friable, so that they can be crushed between the fingers and gradually dissolved.

In severe cases, when the gall-duct is secluded or the stones are very large, surgical interference is necessary, but in the large majority of cases the further formation of stones will be arrested, and those present gradually dissolved by the administration of their normal solvent. There is no other drug which can be administered which will enter the bile and act as a solvent, and further, as it is the natural solvent, it is presumably the best.



After operation and removal of the stones, it is not uncommon for a reformation to take place, necessitating a second operation. Several cases of periodic hepatic colic have been permanently cured by the administration of glycocholate of soda (5 grs. t. i. d.), the patient for some time continuing to take about two drachms per month to insure that there should be no insufficiency.

Besides its action as a solvent for gall-stones, it is the only real cholagogue that we possess, increasing the flow of bile, thereby purging the liver, as well as assisting in the assimilation of fats from the intestine.—*The Therapeutic Gazette*, December, 1092.

HEAT AND COLD APPLIED TO THE SPINAL COLUMN.—Glenn emphasizes the importance of heat and cold as applied to the spinal column in treating various conditions. He has brought on the suppressed menstrual flow by the application of ice to the lower dorsal and lumbar region, and has arrested uterine hemorrhage by hot water packs at a temperature of 15 to 20 deg. over the same tract. He has also seen congested lungs readily relieved by hot water applications over the lower cervical and upper dorsal spine, and fever, he says, can be absolutely controlled by the application of hot water over the cord from the fourth cervical to the sixth dorsal vertebra. His view is that nothing should be put into the stomach except such substances as form a component structure of the body, and if this rule were followed we should have no digestive disorders and always have a normal blood, and since the amount of blood in any part is controlled by the action of the vasomotor centers in the cord and the sympathetic ganglia in close proximity to the cord, any disease causing local circulatory disorder can be thus located and treated to get the proper effects of heat and cold applied to the cord, the anatomy and physiology of the nervous system must be scrupulously borne in mind.—*Current Medical Literature*, Jan. 10, 1903.—*The Journ. of the Amer. Medical Assn.*

CHLORALOSE IN SOME MENTAL AFFECTIONS.—M. Bresson draws the following conclusion from the study of this drug in mental affections: chloralose is a good hypnotic, producing calm sleep without trace of fatigue upon awaking. It is indi-

cated in rebellious insomnia, with or without agitation, especially in hysteria, and perhaps in general paralysis. In the vertiginous form of epilepsy, chloralose produces a temporary diminution in the convulsive seizures. The principal counter-indications are diseases of the respiratory apparatus, especially advanced tuberculosis, and mental diseases with intense hallucinations. The dose of the chloralose varies from 2 to 8 grams (3 to 12 grains). The effects of the latter dose should always be watched carefully.—*American Medicine*, January 3, 1903.

EXAMINATIONS CONCERNING SUBLAMIN AS DISINFECTING AGENT.—Upon the strength of a large series of tests to determine the disinfecting properties of sublamin, Blumberg concludes that it is as good as the best of the known disinfecting agents—corrosive sublimate; that it is preferable to this, as it does not act as an irritant to the skin even in highest concentration. On account of this absence of irritating properties it is possible in cases where our hands have come in contact with highly virulent infectious material to produce by increasing the concentration of the solution a still greater disinfecting power than with corrosive sublimate. It is a disinfectant at much greater depth of the skin than is corrosive sublimate. It dissolves in high concentration as soon as it touches water; corrosive sublimate tablets require a longer time to do so. He describes Kroenig's method of disinfecting hands and sterilizing sutures.—*American Medicine*, January 3, 1903.

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## Department of the Ear, Nose and Throat.

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In charge of A. W. DEROLDES, M. D., and GORDON KING, M. D.,  
New Orleans.

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NASO-PHARYNGEAL POLYPUS CURED BY GALVANO-CAUTERY PUNCTURES.—A case is recorded by Boulai, of Rennes, of naso-pharyngeal polypus attached to vault of pharynx of about the size of a large nut. Radical intervention being approved by the parents, the author determined to use the galvano-cautery. Deep

punctures were made into the growth by this means. A part of the growth was torn out and severe hemorrhage followed. The growth was finally reduced to a small fibrous nodule which at the end of five years showed no tendency to enlarge.—*Archiv. Internat de Laryng.*, November 2, 1902.

PHARYNGEAL COUGH OF INFANTS AND CHILDREN.—Loisel in the *Bulletin Médical*, June 7, 1902, calls attention to the frequency of cough in children as an accompaniment of tonsillar hypertrophy, adenoid vegetations, and chronic granular pharyngitis. In the first named affection the cough is described as constant, harassing and sometimes spasmodic when the tonsils are in contact with the epiglottis.

The cough accompanying adenoids is due to the existing catarrhal condition of the pharynx. It is often hoarse, frequent and sometimes simulates pertussis. At other times it may be dry and hacking as in the initial stage of tuberculosis.

When cough is due to chronic pharyngitis it is characterized by violent attacks coming on when the child cries or laughs.

The author points out the wisdom of examining the throat when the cause of the cough is not found in the chest.

ANGIONEUROTIC EDEMA OF THE HAND ACCOMPANIED BY ATTACKS OF DYSPNEA.—Case reported by De Santi of a married woman 26 years of age who suffered attacks of temporary edema of the right hand and arm accompanied by a sensation of stiffness and a bluish discoloration of the skin. Later in the course of the case when the attacks had become less frequent, the right side of the face became affected and for three weeks the patient was unable to open her mouth. This was followed by frequent suffocative spells. Examination of the larynx, however, revealed no abnormality. The author had observed two other cases of angioneurotic edema in which death occurred from suffocation.

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## Department of Ophthalmology.

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In charge of DRS. BRUNS AND ROBIN.

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PARALYSIS OF ACCOMODATION RESULTING FROM MUMPS.—Dr. Bagneris, of Rheims, showed to the local society a case which, owing to its infrequency as a sequel of mumps, is very interest-



ing. According to rule, the paralysis appeared only three weeks after the disappearance of the mumps and was of short duration.

**SIMULATION OF DIPLOPIA.**—Dr. Chavasse, of the Val de Grace, reports a case of simulation of diplopia in a soldier.

He had been the subject of paralysis of one of the extrinsic eye muscles and hence was well grounded in all the phenomena of double vision and of the experiences of looking through the colored glasses. So that in spite of a probable cure, he continued to complain of seeing double but was careful to note a very minute separation of the two images.

This new kind of malingering is certain to have a large number of followers especially with a view of recovering damages for injuries received by employees. Diplopia brought about by traumatism not being rare, the ease with which the patient can continue to say that he still sees double, even when well, would form a strong temptation to secure a heavy indemnity.

Up to this time, we have been forced to depend entirely upon the patient's statement, but with the use of the diploscope as demonstrated by Dr. Chavasse the new form of simulation becomes impossible.

Letters that are seen by only one eye, cannot be seen double except in case of some special condition such as a dislocation of the lens.

Only the letter that is seen by both eyes can appear double. These two conditions being readily realized by means of the diploscope it is easy to understand how to proceed.

In the three tests with three letters only one allows one of the three letters to be seen double and among several tests of one letter, there is but one letter that can be seen double.

As the patient cannot by any means foresee which test will be applied next to him, he will certainly betray himself.—*Recueil d'Ophthalmologie*.

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## Miscellaneous.

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**INTRAVENOUS INJECTIONS OF FORMALIN IN THE TREATMENT OF SEPTICEMIA.**—We observe in the *Medical Record* of 24th inst., which arrives just as the JOURNAL goes to press, that Dr. Barrows did read a report before the New York County Medical Association of a case of septicemia treated by formalin intro-

duced into the blood, as recently heralded far and wide by the Associated Press. The strength of the solution used was 1 to 5000, and the amount injected was 500 cc. at the first injection and 750 cc. at a second. The woman did recover rather promptly, and seemingly as a result of the treatment. As was shown, however, by some of those who took part in the discussion of the paper, the case did not conclusively prove the efficiency of formalin so used, since as is well known, cases of puerperal septicemia, apparently very grave, were often seen suddenly and unaccountably to improve and recover. One gentleman reported at this same meeting a case treated after the same plan without marked effect, the case ending fatally, and another, a case where he was still in doubt whether the formalin had not actually done harm.

The reader of the paper and others present called attention to the paper Dr. R. McGuire published in December, 1900, in the *Lancet*, in which he discussed the use of formalin intravenously, concluding that formaldehyde in a dilution of 1 to 200,000 was efficiently germicidal. At the Tuberculosis Congress in 1901, he reported 100 cases of tuberculosis thus treated, yet, a year later, he had been compelled to come out with the warning that the results had not been nearly so favorable as claimed by the daily press. Williams, of Johns Hopkins, considered it illogical to attack the bacteria in the blood. It seemed to act by exciting a leucocytosis, which, however, did not occur in a case of his.

Pryor called attention to the use of iodoform in the same manner in order to get the effect of the free iodine given off in the blood. Other substances had been also used by Dr. Williams with doubtful utility, such as solutions of Cr  d  's salts of silver, and in one case, apparently with good effect, 1 to 5000 aqueous solution of silver nitrate.

We understand from an editorial in the same issue of the *Record*, that a second case treated at a homeopathic institution in New York City, had likewise recovered, but two such cases are not enough to establish the claims for this germicidal agent.

It is interesting in this connection to direct attention to the use of corrosive sublimate reported in the *Medical News* of the same date.

According to the *Medical News* Silvestri reports (*Policlin.*, November 22, 1902), having injected into the median basilic vein 5 mgr. of the drug in a first injection, and daily injections thereafter in decreasing doses for three days until 2 mgr. were used with successful result. No toxic effects were observed at any time and Silvestri feels that his method of treatment would be of value in all septic cases.

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## Society Proceedings.

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### Orleans Parish Medical Society.

DR. E. J. GRANER, President—DR. S. M. D. CLARK, Secretary and Treasurer.

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MEETING OF JANUARY 10, 1903.

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#### INAUGURAL MEETING.

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THE RETIRING PRESIDENT, DR. H. B. GESSNER, delivered the following address:

Fellow Members of the Orleans Parish Medical Society:

In laying down the reins of office your officers for 1903 feel that they can justly claim to have fulfilled the promise made by them one year ago, namely, that they would try to leave the Society at least as well off as when they assumed the direction of its affairs; if possible, a little better off. Looking backward a twelve-month and comparing the Society's status at that time with its present condition, we feel that while no tremendous bound has been made, the wheels of the car have been kept on the smooth rails of progress and the trolley has not left the wire overhead. The reports of officers and committees presented to you all show a condition of prosperity. Our active member-



ship has increased, our financial condition is good, our library has enhanced in value as a place for study and research. The meetings have been well attended and have been favored with a goodly number of attractive papers, discussions and case reports.

Not the least among the accomplishments of the year has been the overhauling of the charter, constitution and by-laws, with the result of simplifying and making more consistent the laws under which the Society is administered. In connection with the overhauling, we have grappled with the mode of collection of the dues, a matter with which each succeeding administration has had to deal. We believe that this has now been settled in a manner just and equitable to the society and its individual members alike.

The scientific proceedings of the Society for the year have appeared in a series of monthly bulletins, which have been sent to members and to leading journals and societies of the country. We believe that this mode of publication has advantages and that it should be carefully considered before any decisive step is taken for the publication of our work during 1903. Possibly some arrangement can be made with the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, by which the discussions, published simultaneously by JOURNAL and *Bulletin*, would be printed from the same type with a certain economy of composition expense. That, however, we must leave to our successors in office to determine.

Another item handed down to us as an heirloom from the preceding, and again to be handed over by us to the succeeding administration, is the matter of new quarters. With the efforts of succeeding librarians the number of books and journals owned by our Society, already large, will soon increase so as to exceed the power of our shelves to contain them. We have investigated several sites, but found none that was suitable to our needs and at the same time within our means. It should be one of the first aims of our successors in office to set to work a permanent committee of three on new quarters, who should be required to report monthly on their progress. Possibly the recently promised Carnegie Library, *i. e.*, the central building of the promised group, may have an excess of space at first and be able to afford for some years to come a safe

place of shelter for our library, already valuable, increasing in value, and yet poorly protected against loss by fire.

Thanking you, gentlemen, for the honor conferred upon me a year ago, and for your valuable co-operation during my term of office, let me now hand this gavel, the symbol of office, to my worthy successor, Dr. E. J. Graner. I bespeak for him the same courtesy, good feeling and help which contributed much to make lighter for me the responsibility of office.

THE INCOMING PRESIDENT, DR. E. J. GRANER, upon taking the Chair, delivered the following address:

Mr. President and Gentlemen: In assuming the Chair as President of this Society I am deeply impressed with the honor, importance and responsibility attached to the office. This organization is steadily growing in numbers and embraces the representative members of the profession in our city to-day. Its influence is great in the growing metropolis and the scientific papers, and discussions are acknowledged and noted by the authorities of the country. The coming year will perhaps be one of the most important in the history of our organization. The meeting of the American Medical Association, to be held in our city during May, 1903, with so many eminent physicians present, will tend to stimulate and promote our Society and uplift our noble profession higher and higher in the estimation of those who now appreciate their devoted and loving doctor. The office of President of the Orleans Parish Medical Society is one which any man can look upon with honor, representing as it does the medical profession of the great City of New Orleans, whose physicians are recognized as men who have attained the highest pinnacle in their branch in the scientific world.

To the officers who are about to be conducted into office with me, I want to say that I feel positive that the work laid down by our predecessors will be taken up and carried out with every success.

To the members, and especially to those whom we seldom see, whose faces are needed at our meetings—members of the medical profession who owe so much and who cannot ever pay for the good received either directly or indirectly from the fact that they are physicians—they are the men who owe their money and who ought to attend occasionally here and lend us their good

will and influence in the good work we are trying to pursue. I hope these words will reach some of them and let their thinking caps fit snugly around their consciences, and let them begin to creep out of the Sleepy Hollow that has overtaken them in the year past. To the active members that I see so often here, I want to say that the officers need your assistance and advice, and any new idea or suggestion that may prove beneficial to us, we will be glad to hear from you.

The committees appointed are expected to work, and not to feel that their names are printed just to fill space or simply to waste ink.

In conclusion, gentlemen, I assure you that our administration will take every effort to make this a memorable year for our society and endeavor to make every member feel that he is an important factor, and trust that when our term ends we will be able to look back and say: "Well done."

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#### MEETING OF JANUARY 24, 1903.

##### SCIENTIFIC PROCEEDINGS.

DR. GRANER presided.

DR. GUTHRIE read a paper on the "The Simultaneous Use of Two or More Tubes in X-Ray Therapy."

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#### The Simultaneous Use of Two or More Tubes in X-Ray Therapy.

J. B. GUTHRIE, M. D., New Orleans, La.

In the course of treating a series of cases with the X-Ray, we are confronted at times with the necessity of treating lesions which are widely disseminated, or of two or more lesions located so far apart that a separate exposure must be given in order to bring each lesion into sufficient proximity to the tube to produce therapeutic effect. The method consists in the operation of more than one tube connected to the same generating source, either coil or static machine, as the case may be.

My apparatus for this work consists of a tube-stand with a double arm, so arranged that the tubes can be placed in any position desired. The anode of one tube (No. 1) is connected to the



anode of coil or static machine; and the cathode of the other tube (No. 2) is connected to the cathode of the generator, the cathode of tube No. 1 being connected directly to the anode of tube No. 2. This is a simple series connection. In case it is desired to use but a single tube all that is necessary is to short-circuit one of the tubes, and all of the current will pass through the other tube. It is possible, of course, to operate more than one tube in multiple or parallel connection, *i. e.*, with anode connected to anode and cathode to cathode; but unless both tubes are of the same, or nearly the same resistance, the tube of lower vacuum will glow brilliantly, and the higher one, hardly at all, the current taking the path of least resistance.

In operating tubes in series, they may be of any spark-length desired, high or low, according to the nature and location of the lesion to be treated. One of the tubes may be high, and the other low if desired. The limitation to the extent to which tubes may be multiplied in such a series is, of course, the maximum spark-length of the coil or static machine with which they are operated. The aggregate resistance of the tubes must be a little less than the spark-length of the machine. I have on a 16-inch coil operated four tubes of an aggregate resistance of  $10\frac{1}{4}$  inches, all of the tubes giving off sufficient X-light for therapeutic purposes. Two of these tubes were of four-inch vacuum, and the other two very much lower. In such a series, allowance must be made for leakage and for resistance of connecting wires.

The two smaller tubes of low vacuum mentioned above, I have repeatedly used together on a 6-inch coil. These two tubes have small bulbs, and although not of construction to carry heavy currents, are beautifully adapted to the treatment of disseminated lesions of superficial parts. Their small size permits of their close adjustment to the part to be treated, and a corresponding diminution of the time of exposure. It has been thoroughly demonstrated that, other things being equal, the duration of exposure must be diminished in proportion to the distance from the anti-cathode.

I have also operated more than one tube on a static machine with the same results.

The arrangement I have mentioned is a time-saver. Instead of giving each lesion or region to be treated a separate expo

sure, the tubes may be so arranged as to give all of the treatment necessary at the same time. It is hardly necessary to mention the fact that, as in working with but a single tube, normal tissues must be protected by properly arranged metallic screens,—preferably of lead.

It is possible to use separate tube-stands, and to treat two or more patients at once. This would greatly facilitate the treatment of patients in institutions, or even in office practice, where a large number of cases are to be treated. The arrangement of a treatment-room divided into "stalls," with permanent, or movable partitions, has suggested itself to me. Each of these "stalls" would have its own tube-stand and treatment table, and glass tubing could be utilized to insulate the connecting wires, as otherwise leakage would be considerable.

After having worked out for myself the detail of the above, I found that Williams mentions the fact that the use of duplicate tubes is possible. A search through X-Ray literature fails, however, to reveal any description of the method of operation.

For the sake of those who are unfamiliar with radiography and fluoroscopy, I will say that the above is utterly inapplicable to such uses. Except in the stereoscopic fluoroscope which is now being developed, when two tubes are in operation, one sees a double image. Perhaps some intensification of the light could be obtained with a specially constructed tube having two cathodes, both of which were so arranged as to focus the cathode stream on to nearly the same point in the anti-cathode. Where the two sources of X-light are so far away as they must necessarily be when coming from two separate tubes, the image on the fluoroscope screen reminds one of the shadows cast by two artificial lights in a room.

I have selected the following cases which I have treated, as illustrative of the application of this method of procedure. Some of the cases require tubes, both of which are of rather high resistance. Some of them tubes both of which are of low vacuum.

CASE 1. Scirrhus carcinoma of right breast with involvement of axillary glands. Treatment with the X-Ray was given for a time previous to operation, and subsequently continued to guard against recurrence. In this case I used but a single tube, exposing the breast and the axilla alternately. The use of two

rather high tubes in series would have saved both myself and the patient considerable time.

CASE 2. Abdominal tumor, probably sarcoma, occupying right lumbar and inguinal regions, the greater part of umbilical and hypochondriacal regions. This is a patient who absolutely refuses operation, and upon whom the X-Ray has been used for a short time, so far with the result of relieving entirely pain. At present I am using tubes of about 4-inch vacuum.

CASE 3. Extensive scarring. Here I used a low tube and gave separate exposures to each lesion. If I had such a condition at present to treat, I should use two or three low tubes connected in series, and give all treatments simultaneously.

CASE 4. Carcinoma of larynx with involvement of cervical gland on both sides. Here two high tubes could be used, one on each side of the neck.

CASE 5. Epithelial carcinoma of right parotid region, about the size of a silver half dollar, with a small growth of same character under left lower eyelid, on the face.

CASE 6. Lupus erythematosus. The lesions were located over bridge of nose and in left parotid region. In this case, as in case 5; it is absolutely impossible to expose both diseased areas at once, unless two tubes are employed. In Case 5, I used two tubes until smaller growth disappeared. In this case, Case 6, now under treatment, I am using, simultaneously, two tubes, and giving the treatment to both areas at the same time.

CASE 7. Acne vulgaris, with lesions on forehead, nose, cheeks and chin. The lesions occur on both sides of the face.

CASE 8. Acne vulgaris, with lesions confined to the neck, though bilaterally distributed. In these two cases I use the two low vacuum tubes placed on either side of the patient, and as close as possible to the diseased skin.

In the management of Cases 3, 5, 6, 7 and 8, I am indebted to Dr. Isadore Dyer, in association with whom I carried on the treatment.

Other applications of this method to conditions other than those I have cited will suggest themselves to workers in X-Ray therapy.

#### DISCUSSION.

DR. PARHAM thought that the device merited consideration. It seemed to him it might be useful in treating more than one patient at the time, or in giving two applications from different



directions at the same time to the same patient. He asked Dr. Guthrie what were the limits of high and low tubes that could be used simultaneously. Many now believed with Brokaw and other experts that it was advantageous occasionally to use very high tubes, and it might be wise sometimes to apply both high and low at the same time to the same or different patients. He would like to mention here, though not strictly pertinent to the discussion, the case of a woman with carcinoma of the breast, previously reported to the Society. She had been operated on once by a fellow practitioner and twice by himself. After the last operation, which was incomplete, growth was quickly apparent and it seemed hopeless. Under X-Ray treatment improvement had been gradual. She recently returned after several months, showing a smooth cicatrix without signs of growth, either locally or in the axilla.

DR. CLARK thought that it was of special interest to know the possibility of illuminating two or more tubes at the same time from the same source of energy.

In applying the Röntgen Rays for therapeutic purposes, much time was consumed, and if Dr. Guthrie's suggestion can be practically carried out, then it was certainly a time-saving device and worthy of special consideration.

Was it practical? It struck him as being too complicated, especially its many wire connections, and he feared as a practical device its use would be limited, it being more of a novelty than a time-saver.

If one has had any experience in the practical application of radiotherapy, he knew that if the treatment is carried on continuously, one case rapidly following the other, it would be a difficult task to keep the tubes constantly of low enough vacuum, so that the resistance would not become great enough to cause short-circuiting where the wires are so closely adjusted as in Dr. Guthrie's apparatus. The only way that he could conceive of this apparatus successfully working, would be with tubes of very low vacuum, in which the resistance was at a minimum. When the current is short-circuited a loud noise accompanies it and the patient is necessarily alarmed, thereby approaching the instrument with dread.

As to the employment of stalls in which tubes could be placed, having their source of electricity from one common

point, he did not believe it feasible, viewed from a practical standpoint. In the first place it would be a difficult problem for one attendant to carefully operate more than two tubes at one time, and, secondly, in order to properly adjust the tube to its correct position, it frequently became necessary to disconnect the tube from the current; therefore, in order to adjust the tube on one patient, the entire series of tubes would be discontinued. Also the loss of electricity would be great. The author spoke of using two tubes in treating cases of carcinoma of the larynx, but that in the treatment of three such cases he found such steps entirely unnecessary since with a large central aperture in a lead screen a wide laryngeal area could be easily brought under the influence of the ray.

He had never found it necessary to use two lights in the treatment of carcinoma of the breast, since with the tube centrally located at a distance of ten inches from the surface the entire auxiliary space and chest wall could be easily bathed by the rays. In certain cases of the face, Dr. Clark did not think it necessary to screen every part of the skin that was not involved, for he thought it desirable to bring the surrounding tissues under the influence of the ray; so that, in many cases by screening the eyes, all necessary protection was obtained. The Kny-Scheerer tube-stand had given him satisfactory service, being easily adjusted to almost any position, and that in his skiagraphic work he had experienced no trouble from unsteadiness of the stand.

The great drawback to lead and tinfoil screens was, in his experience, their lack of durability; they cracked easily and readily scraped off. He found the thin variety of hardware lead sheeting the most serviceable, durable, easily adapted, readily cut with a penknife and most easily cleaned. He thought it would be difficult to clean the lead foil pasted on domestic.

DR. CLARK said that it was the intention of their office to make in the near future a complete and detailed report of the work that has been conjointly carried on by them in the past eighteen months. The number treated will consist of something over sixty cases. He assured the society that in this report the unvarnished truth would be told, an element that to his mind had been absent in many of the recent reports in the

current literature. Special reference was made to the failures in most deep-seated growths. For the treatment of certain superficial diseases, he thought it a most reliable and trustworthy therapeutic agent.

DR. JOACHIM said that the use of the multiple tube seemed indicated where the laryngeal carcinoma involved the posterior portion of the larynx or the esophageal entrance, especially when the glandular infection is present. When the disease is confined to the neighborhood of the anterior commissure, the single tube seemed more applicable.

DR. GUTHRIE, in conclusion, said that both the high and short tubes could be used at the same time, each tube seeming to take what it needed and permitting the excess of current to pass on to the other tube. He thought it wise to closely screen all portions of the face not involved, except in cases of malignancy. Thick hardware sheeting held by patients he had found too cumbersome and also endangered the hands of the patients.

DR. LEBEUF read a paper on "A Pseudencephalous Monster."

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### A Case of Pseudencephalous Monster.

By L. G. LEBEUF, M. D., Visiting Physician to Charity Hospital, New Orleans.

On November 7, at 11 A. M., I delivered Mrs. Charles V, of a live male fetus weighing  $12\frac{1}{4}$  pounds, perfectly proportioned, except that it had no roof to the top of its cranium and only a bloody tumor covered by a peculiar reddish thin membrane in lieu of brains. Mrs. V. is a well-developed German blonde weighing 145 pounds, 34 years aet. She has had nine full-term pregnancies, all normal, except the first, which was a forceps delivery. I knew the family, as I had treated it at intervals for twelve years, so I am certain that she was free from any constitutional troubles. During the time of this pregnancy she had nursed her mother in the last period of a long, lingering case of consumption, and a little later, in her fifth month, she again nursed her brother through a nearly desperate case of typhoid. He was a large, heavy man and she had to raise him, sponge him and cold pack him assiduously for over six weeks, until his recovery. I desire to call special attention to the severe mental as well as undoubted *physical* strain which my patient underwent at that time, as this fact must be remembered as a material factor in the etiology of the later dystocia.



When called to her at 7 A. M., I found her in regular labor pains of ten minutes' interval. A digital examination revealed the os only slightly dilated, bag of water not ruptured. At this moment, while making my first examination, I thought I had to do with a breech presentation, as my finger impinged on a soft, flexible mass and appeared to slip in a crease which I took to be the internatal furrow. One hour later, when the os was a little more dilated, I was confirmed in this opinion by my finger slipping into an orifice, on opening which I took to be the anal opening. At 9:30 A. M. the bag of water broke and during a pain while os was dilated about  $1\frac{1}{2}$  inch in diameter I made a third examination and I then found to my astonishment that though I could still feel the internatal crease which had made me diagnose a breech presentation, the opening which I had felt was not the anus, but was on the contrary the mouth, for just below the crease or furrow just mentioned, I could make out the nose, the two eyes and the pendant ear on the side. I then quickly realized that I had to do with a most unusual condition and I supposed I had some monster to deliver.

At 10:30, the pains keeping up quite strongly, I was able to deliver the most strangely misshapen fetal head I had ever seen. Still, as it was disproportionately small, it was the least of my difficulties. The shoulders did not seem to be rotating, and though I had delivered the head in the left oblique, the shoulders came apparently in the transverse position and all the traction I could place on this small head could not move them. With the use of a little chloroform I succeeded in getting down the left arm, and still, steady traction on that, and on the head did not budge these immense shoulders. It was not until I had pulled steadily twenty minutes, and after I had hooked my fingers in the other armpit, that I was finally able to deliver this mass. The final accouchement was completed at 11 A. M. The placenta was delivered ten minutes later, with a cord 36 inches in length—the child never breathed and its heart beat for 22 minutes, then stopped.

The roof of the cranium was missing entirely, and though all the cranial bones were present, the superior portions of the frontal occipital, parietal and temporal bones were entirely absent. From the vertical plate of the frontal just above the superciliary ridge, the integument seemed to be stretched across

these bones as a roof to the head. This integument or skin appeared to be made of membranes or dura mater. In the back of the head, opposite the region of the posterior fontanelle, was a peculiar pouch or bloody tumor about six or eight centimeters in diameter and two in height, slightly smaller at the pedicle and lapping over all around like a large mushroom. This pouch or reduplication of flesh, was soft, spongy, red and quite friable and bloody. The eyes were on a level with the roof of the head, swollen and disproportionately large, resembling the appearance of the eye in exophthalmic goitre, as well as the peculiar facies of a Brownie of the picture books. The nose, flat and with wide alae, and the mouth and lower maxilla pressing down on the sternum, with scarcely any neck, the ears large and flabby, hanging down to the shoulders. The ratio and proportion of this head to the balance of the body was certainly much smaller than should have been expected, fully  $\frac{1}{3}$  less in size than you would have expected from a body of that weight and size. Apparently it was only the head or cerebrum with its bony vault which was missing or undeveloped, and as the spinal system was in perfect preservation all the balance of the body development was intact, having lost nothing of its proper integrity, or perfect harmony.

The child weighed  $12\frac{1}{4}$  lbs., was a well-nourished body with well proportioned limbs, except that they looked unusually large and that the arms and legs were slightly curved inwards and were quite long. Naturally the brain being the seat of progressive intelligence and growth, this kind of monstrosity never lives. The longest time this anomaly has been known to live is about two days; usually the child lives only a few minutes and dies without respiratory action and death happens from loss of centre or cerebral development.

When this child was born, the heart was beating very rapidly, but there was no inspiration taken. The heart beat for 22 minutes and then gradually ceased. I attempted artificial respiration, compressing the lungs rhythmically with the arms and elevating them rapidly, but I did not succeed to establish any respiratory action.

The father, who was watching me critically during these manipulations, told me, after I had informed him that the child was dead, that had he understood that I was trying to revive

him or helped to bring him to life, he would have hindered my doing so. He insisted on burying it within a few hours. He wrapped the child's head in a shawl and allowed the mother only to see the limbs and body of the child. I must admit that my sympathies were with him and I suppose in a manner he was right.

HISTORY.—The discoveries and conclusions of the last century have revolutionized the study of teratology. The pathologist and physiologist has now to do with a nearly exact science when deductions are drawn from experiments and a study of facts, while formerly mankind was given to the wildest conjectures and the most barbarous beliefs and impossible theories. In the remotest times man, in the enjoyment of his almost perfect physique, stood forth as a demi-god of physical perfection; and the God-like gift of body-beauty and symmetry of form was worshipped in the idealisms of mythology as a divine emanation from on high. Any departure from that perfection was believed to be a calamity or curse inflicted by the displeasure of the gods or the influence of the Evil One. Any child born distorted or anything but the perfect type of manhood, was considered a certain manifestation of the anger and displeasure of the gods; accordingly, they were, the most of them, destroyed at birth or offered as a holocaust to propitiate the Evil One. Even the Grecians and Romans practised this cruel custom. Democretius and Empodicles speak of this. Aristotle referred to monstrosities as errors of nature, but does not enter into any explanation of these errors. Pliny calls them caprices or freaks of nature. Galien, Titus-Livius, Valerius-Maximus, seem to be more impressed by their love of the wonderful, and are garrulous in their description of these strange monsters, but do not give us any scientific fact, except that the custom was universal to sacrifice them at birth. Often also the mothers were offered in sacrifice, as it was believed that the evil spirits had had carnal dealings with them and produced the monsters. Another frequent belief is that they owed their existence to the cohabitation of the parents with some of the lower animals. Thus Attila, "The Scourge of God," was thought to have had a dog for a father and his grandfather. Suenon, the King of Denmark, was the offspring of a bear. During the Renaissance, even to the time of Charles IX and of



Ambroise Paré, the appearance of a human monster was considered of bad omen and was thought to always precede a war or some other calamity. Montaigne, the philosopher, was the first at that time to admit that there might be some reasons for these anomalies, for he believed that nothing could happen in Nature which was not ordained to happen or without a tangible cause in some pre-existing law of Nature. Still the first real breach in the belief that monsters were beings apart and worthy only of sacrifice, was caused by an Italian, Fortuni Licetti. He could see that it was wrong to sacrifice human life and thought, that a better plan was to segregate and isolate them from the balance of mankind. And this was in the Seventeenth Century. During the Eighteenth Century, Haller, Duvernay and Winslow studied this subject extensively, but their conclusions were entirely erroneous. It was given to the celebrated zoologist, Isidore Geoffroy St. Hilaire, son of the noted naturalist, Geoffroy St. Hilaire, to make the whole subject of teratology perfectly clear in his *traité* written in 1832-36. We owe to him our knowledge of this subject, as an exact science. He was the first to apply his knowledge and experiments on the lower animals, to Bichet's great work on human anatomy and present to science his conclusions in regard to arrested development, irregularity of formation of all monsters. He says: "*Toute loi tératologique a sa loi correspondente dans l'ordre des faits normaux; toutes deux rentrent comme cas particuliers dans une autre loi particulière.*" Many classifications of monsters were made, but it seems to me that that of St. Hilaire's is the most complete and simplest. Buffon and Blumenbach made one, but they are not as good as St. Hilaire. My case should appear in this classification as one of autositic monster, capable of an independent existence, anencephalic, or without brain, but having a small rudimentary brain or a bloody tumor over the empty vault, hence called for that reason pseudo-anencephalous. It is a monster by default, lacking some part or an incomplete body. Tarnier and Budin, in their "*Traité des Accouchements*," have also a very exact description of this anomalous condition. The picture I give here is taken from that volume.

ETIOLOGY.—The only other interesting thing to the physician outside of pathologists' and zoologists' researches, is the study of the cause of these horrible freaks of nature. The ancients, who

were nothing if they were not practical in their wildest flight to explain a cause for monsters, believed that they were always caused by an excess or a diminished supply of male semen. It was either a deficit in the act of coition or too violent excitement, either too irregular movements or too many interruptions, and Aristotle believed this also.

The Italian Licetti corrected most of this; but he taught that monsters were due to a diseased condition of the spermatie fluid. Haller and Winslow agreed to this, and it was only in the Nineteenth Century, when Isidore Geoffroy St. Hilaire gave the results of his admirable experiments on the lower animals, that it was proven that all monstrosities were due to *external physical causes*—blows, pressure or compression and hemorrhage.

Even the old theories of maternal impression with influences of the imagination were proven obsolete when they referred to deformity and *loss of tissue*. The noted zoologist proves this incontrovertibly by agitating eggs, piercing them with needles, hatching them while standing them on the small end or the larger end and giving them blows during the period of incubation and almost invariably causing anomalous progenies. He would place germs on ovules tightly wedged together and allow them to grow and develop that way and he always had a growth of animals which were fissured or adhered to one another.

Richerand contributed also a valuable fact regarding monstrosities and this certainly throws additional light. He placed the impregnated ova of a tench (a small fish) in a confined vessel, where there was no room for the well-known numerous progeny to move around, but where on the contrary they must have rubbed together and be pretty tightly pressed. As a result of this they all adhered to each other and the compound was a set of monsters.

How often also do we see intra-uterine amputations from growths of fibrous bands, or from a long umbilical cord. Statistics prove also conclusively that the lower classes are more subject to this anomaly than the upper. Those who are more apt to receive blows, have hemorrhages and to exert more physical strain to have direct pressure on the gravid uterus, etc. In looking through the literature on this subject, one is confronted by the very small number of cases reported in recent journal literature. My case must have been affected by her

physical exertions during the severe nursing which she had to perform and the anomaly must have been caused by that.

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#### DISCUSSION.

DR. LARUE said, in conjunction with Dr. LeBeuf's paper, that at a very recent meeting in Paris of the Society of Pediatrics, Messrs. Lereboullet and Roger Voisin presented two children. One of them, one year of age, belongs to that group of monstrosities known in teratology as hemimelius. Only the humerus exists in the right upper extremity, at the end of which is a rudimentary thumb. On the left side, at the end of a normal forearm, is a lobster-shaped hand, with a normal thumb on one side, the other side consisting of a digit formed by the osseous union of the two phalanges. The right lower extremity has no fibula, the tibia is bent and the foot has but four toes. The lower left extremity is perfectly straight, although the fibula is wanting; the foot in varus is like a clamp, formed by two toes.

The other child, five months old, presented an amputation of its four extremities. On the right side, the two bones of the forearm exist, with movements of supination. On the left side, the forearm has a cone-shaped termination, with but one bone. The site of amputation in the lower extremity is near the lower end of the tibia, the two limbs having a conical stump. Scars are visible on each of the four stumps. There is a total absence of fingers and toes. The latter is classed among the congenital amputations, while the first is due to an arrest of development from internal or external causes.

DR. NELKEN said that Dr. LeBeuf, in his very thorough review on the subject of monstrosities, had omitted to mention a common belief among the laity as to the influence of maternal impressions. He believed that the idea is very generally given up by the profession.

DR. STORCK said it was probable that degeneracy had some effect in producing monstrosities and that traumatism and arrested development were also factors. He related cases of deformity in the same family.



DR. MILLER referred to a case that he had reported to the Society two years ago. He thought it speculative as to the cause of the deformity. As a rule, he thought that deformities occurred during the first and second months of fetal life. This is the second case of fetal distortion that he had seen in fibroid uteri.

DR. BLUM spoke of an example of degeneracy of which Dr. Storek had just referred to. He knew of a family in which both parents were deficient mentally and physically and all their children were in the same condition, one son a sexual pervert and another born with an amputated forearm.

DR. MAINEGRA mentioned a case which he had had in private practice, necessitating four medical men's services before delivery was accomplished. The specimen was devoid of any cranial bones, only those of the face being present.

DR. LEBEUF concluded the discussion and said that the authors of the day denied the influence of maternal impression, especially as to the occurrence of any loss of tissue. He thought there was some truth as to maternal impression causing birthmarks. He believed that degeneracy was an important factor in the production of these monsters, having seen several such cases in the same family, and also in the negroes and mulattoes, the well-known case of double-headed monster at the Charity Hospital in Dr. Batchelor's service illustrating this fact.

DR. LARUE next reported a very interesting case of a child 16 months old who was supposed to have swallowed a piece of lead and he displayed to the Society a large shoe-fly box screw stud button,  $\frac{1}{3}$  inch wide and  $\frac{1}{2}$  inch in length. The free end of the screw projected out. The foreign body was eliminated the following day from the alimentary canal by means of a dose of castor oil.

## Louisiana State Medical Society Notes.

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NEXT MEETING IN NEW ORLEANS, TUESDAY, WEDNESDAY AND THURSDAY, APRIL 28, 29, and 30, 1903.

President, Dr. Isadore Dyer, New Orleans; Recording Secretary, Dr. Wm. M. Perkins, 163 University Place, New Orleans; Corresponding Secretary, Dr. A. G. Friedrichs, 641 St. Charles street, New Orleans; Treasurer, Dr. H. S. Cocram, 124 Baronne street, New Orleans; Chairman, Committee of Arrangements, L. G. Le Beuf, 830 Canal street, New Orleans.

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MEMBERS OF THE SOCIETY ARE URGED TO CONSIDER THE FACT that the meeting is now a little more than two months away and yet comparatively little has been done in the way of sending titles of papers to the Chairman of the Committee of Arrangements, who is anxious to prepare a program worthy of the meeting. While some of the section Chairmen have responded, there are yet a number to be heard from. The Society has reached that point in its history where it expects members who accept the distinction of positions in its working body to do that sort of work which the position demands. *Verbum sapientis!*

FOLLOWING ARE THE SECTIONS AND CHAIRMEN NOT HEARD FROM AS YET:—General Medicine, Dr. R. B. Paine, Mandeville; Materia Medica and Therapeutics, Dr. N. K. Vance, Shreveport; Obstetrics and Gynecology, Dr. C. Jeff. Miller, New Orleans; Genito-Urinary Diseases, Dr. A. R. Trahan, Lafayette; Dermatology, Dr. J. N. Roussel, New Orleans; Ophthalmology, Dr. G. C. Chandler, Shreveport; Medical Jurisprudence, Dr. Fred J. Mayer, Scott; Quarantine, Dr. A. Nolte, New Orleans; Bacteriology, Dr. O. L. Pothier, New Orleans; Anatomy and Physiology, Dr. C. H. Irion, Benton; Sanitary Science, Dr. R. L. Randolph, Alexandria; Oral Surgery, Dr. A. G. Friedrichs, New Orleans.

### LIST OF SECTIONS WITH SUBJECTS ANNOUNCED:

*Section of Ear, Nose and Throat:* Dr. Gordon King, New Orleans, Chairman. Subject for discussion: Diseases of the Accessory Cavities. Diagnosis and Treatment.

*Section of Neurology and Mental Diseases:* Dr. C. D. Simmons, Dutch-town, Chairman. Acute Ascending Paralysis with Report of two Rapidly Fatal Cases.

*Miscellaneous Papers:* Malarial Hemoglobinuria, by Dr. L. Lazaro, Washington. On the Use of Colored Lantern Slides in the Teaching of Anatomy, Pathology, Surgery and Obstetrics, with Exhibition of Slides, by Dr. Edmund Souchon, New Orleans. Inguinal Hernia with Resection of the Bowel; Report of Cases by Dr. J. M. Batchelor, New Orleans.

*Surgery.*—Chairman, Dr. F. W. Parham, New Orleans. To open discussion, Dr. Randell Hunt, Dr. T. E. Schumpert, Shreveport; Dr. Felix A. Larue, New Orleans.

Subject for Discussion—*Appendicitis and the proper attitude of the surgeon as well as the physician towards it.*

*Diseases of Children.*—Chairman, Dr. E. M. Dupaquier, 819 Orleans street, New Orleans. To open discussion, Dr. G. R. Fox, Moreauville; Dr. L. Abramson, Shreveport.

Subject for Discussion—*Typhoid Fever.*

All members interested are requested to make a clinical report of their cases, with special reference to the following points:

1. The occurrence of typhoid fever is increasing.
2. The true condition is often unrecognized, especially in nurslings.
3. Its peculiarities are many and quite misleading.
4. Its practical management, especially at the age of two years or thereabouts, is far from easy.
5. Its relation to tuberculosis is decidedly marked.
6. Prevalence and severity in the white and negro races, in the foreign-born and in the native-born of foreign or native parentage.
7. Cases of continued fever, neither malaria nor typhoid, in which drug treatment causes undue mortality among children.

The Chairman, whose address is given above, would be glad to correspond with the members of the Society about this or other subjects in his Section.



## American Medical Association Notes.

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NEXT MEETING IN NEW ORLEANS, MAY 5, 6, 7 AND 8, 1903.

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GENERAL OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION, 1902-1903.

President, Frank Billings, Illinois; First Vice President, J. A. Wither-spoon, Tennessee; Second Vice President, G. F. Comstock, New York; Third Vice President, C. R. Holmes, Ohio; Fourth Vice President, James H. Dunn, Minnesota; Secretary-Editor, George H. Simmons, Illinois; Treasurer, Henry P. Newman, Illinois; Chairman Committee of Arrangements, Isadore Dyer, 124 Baronne Street, New Orleans, La.

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MR. CHARLES A. FARWELL IS THE CHAIRMAN OF THE CITIZENS' COMMITTEE WITH THE HONORABLE PAUL CAPDEVIELLE, MAYOR OF NEW ORLEANS, AS THE HONORARY CHAIRMAN. This committee will shortly be organized for the purpose of soliciting subscriptions from the lay public and for co-operation with the Committee on Entertainment.

EXCURSIONS FROM NEW ORLEANS TO CUBA and arrangements for a circular trip by way of Washington and New York are being discussed. The Committee of Arrangements are filing all applications and correspondence bearing on these points with an idea of submitting all feasible trips to the consideration of intending visitors to the New Orleans meeting.

RATES.—THE SOUTHERN RAILWAY HAS ANNOUNCED a reduced rate of one fare for the round trip from Washington, or from any point on their system to New Orleans and return. Tickets will be on sale May 1 to 4, and will be good for continuous passage in each direction with a final limit of ten days from the date of sale. Tickets can be extended for a longer period, however, provided they are deposited in person, by the original purchaser, with the Special Agent at New Orleans, not later than May 12, 1903, and fee of fifty cents is paid at the time of deposit, when the final limit will be extended to a date not later than May 30. Further information may be obtained from the Chairman of the Committee on Transportation, Dr. H. L. E. Johnson, Jefferson Place, Washington, D. C.

ST. CHARLES HOTEL RATES.—*European Plan*.—Room without bath, one person, from \$2 up.

Room without bath, two or more persons, from \$1.50 each, up.

Room with bath, one person, from \$3 up.

Room with bath, two persons, from \$5 up; each additional person \$2.50.

Alcove parlor and regular parlor suite, regular rates less 20 per cent.

*American Plan*.—Room and board without bath, one person, from \$4 up.

Room and board without bath, two or more persons, from \$3.50 up.

Room and board with bath, one person, from \$5 up.

Room and board with bath, two persons, from \$9 up; each additional person, \$4.50.

Alcove parlor and regular parlor suits, regular rates less 20 per cent.

Should there be no unoccupied rooms of the exact kind desired, the next best will be given to be changed when opportunity offers.

#### COMMITTEE OF ARRANGEMENTS, JANUARY MEETING.

Meeting of the Committee of Arrangements, New Orleans, January 26, 1903, was held in the rooms of the Orleans Parish Medical Society. There were present Drs. F. Billings, President of the A. M. A., and Geo. H. Simmons, Secretary of the A. M. A., and Dr. Isadore Dyer, Chairman of the Committee of Arrangements, with Drs. LeBeuf, Friedrichs, Parham, Moss, Matas, Fortier, Maes, Clark, Smyth, Blum, King, Ménage, Callan, Graner, Chassaignac, deRoaldes, Walker, Guthrie, also Mr. Charles Farwell, Chairman of Auxiliary Citizens' Arrangement Committee.

Meeting was called to order by Dr. Dyer, Chairman. Dr. Dyer introduced Drs. Billings and Simmons to the Arrangements Committee. At the request of Dr. de Roaldes minutes of the meeting of November 15 were read and approved.

DR. CALLAN, CHAIRMAN OF THE FINANCE COMMITTEE, reported as follows: Subscriptions aggregating \$2,910 from physicians, and \$435 from laymen. Of the physicians in the city, but two had refused to contribute, forty-seven had not been

seen, eighteen were to answer later, 197 had contributed in sums ranging from \$5 to \$100; \$259 in cash has already been collected. The subscriptions are due March 1, 1903. The committee is still continuing the work and intends soliciting subscriptions from the physicians of Louisiana.

DR. F. W. PARHAM, CHAIRMAN OF THE COMMITTEE ON NEW MEMBERSHIP—6,376 circulars had been sent out to members of State Societies in Alabama, Louisiana, Mississippi, Florida, Arkansas and Texas. Tennessee, Georgia and the Carolinas would be covered. Men to whom circulars were sent were urged to take up the work in their sections. The inclosed applications if filled were to be sent to Dr. Newman, of the National body, and he would credit the local committee with the new number. A total of 10,000 circulars would be sent out. A careful comparison was kept of the medical directories of the States, and the membership lists of affiliated societies, with a view to enforcing the association requirement that no one could join who had been dropped for non-payment of liabilities to affiliated societies.

A communication was received from Dr. E. Souchon, Chairman of the Committee on Transportation, forwarded by Dr. Horton, which was to the effect that it would probably be impossible to secure the same rates for the meeting of the Confederate Veterans and enclosing rates and conditions for transportation as follows:

Mr. Joseph Richardson, Chairman of the Southeastern Traffic Association, has sent us Passenger Tariff Circular No. 1646, officially announcing rates for the New Orleans Meeting of the American Medical Association. From this we extract the following:

*Rules and Regulations.* Rates—One first-class fare for round trip (minimum rate 50 cents) from all points south of the Ohio and Potomac and east of the Mississippi rivers. Dates of Sale—May 1, 2, 3 and 4, 1903.

Transit and Final Limits—Tickets will be honored for continuous passage in each direction with final limit ten days from date of sale.

Extension of Final Limit—Provided the ticket is deposited in person by the original purchaser with special agent not later than May 12, 1903, and on payment of fee of 50 cents at time



of deposit, final limit will be extended to a date not later than May 30, 1903.

The above rate and arrangement are respectfully tendered to connecting lines for basing purpose.

The following railroads are in the Southeastern Traffic Association :

Alabama Great Southern Railroad.  
Alabama & Vicksburg Railway.  
Atlanta Coast Line Railroad.  
Atlanta, Knoxville & Northern Railway.  
Atlantic & Birmingham Railroad.  
Baltimore & Ohio Southwestern Railroad.  
Blue Ridge Railway.  
Central of Georgia Railway.  
Charleston & Western Carolina Railway.  
Cincinnati, New Orleans & Texas Pacific Railway.  
Florida East Coast Railway.  
Frisco System (K. C. M. & B. Railroad).  
Georgia Railroad.  
Georgia Southern & Florida Railway.  
Illinois Central Railroad.  
Jacksonville & Southwestern Railroad.  
Louisville & Nashville Railroad.  
Macon & Birmingham Railway.  
Macon, Dublin & Savannah Railroad.  
Mobile & Ohio Railroad.  
Nashville, Chattanooga & St. Louis Railway.  
New Orleans & Northeastern Railroad.  
Norfolk & Western Railway.  
Richmond, Fredericksburg & Potomac Railroad.  
Southern Railway.  
Tennessee Central Railroad.  
Tifton, Thomasville & Gulf Railway.  
Washington Southern Railway.  
Western & Atlantic Railroad.  
West Point Route (A. & W. P. Railroad & W. Railway of Alabama).  
Wrightsville & Tenneville Railroad.  
Yazoo & Mississippi Valley Railroad.

DR. L. G. LEBEUF, CHAIRMAN COMMITTEE ON ENTERTAINMENTS  
—Several persons had offered various entertainments. The committee would arrange a river excursion on the Chalmette or some other big excursion steamer. An evening tea for the ladies would be held in the St. Charles Hotel palm garden. In addition several individual physicians had agreed to entertain small divisions.

DR. JOHN F. OECHSNER, CHAIRMAN OF COMMITTEE ON HALLS AND MEETING PLACES, then submitted his report. Previous to the afternoon of January 26, it had been the intention of the committee to use Tulane Hall as a center for the meetings of the Association. However, in accompanying Drs. Billings and Simmons during the afternoon in a short visit to the various halls in view he had come to the conclusion, after conference with these gentlemen, that the committee has made a mistake in its choice.

Drs. Billings and Simmons were of the opinion that Washington Artillery Hall offered an ideal place for the location of the exhibit hall and one of the large sections. Another smaller hall in this same building was available. The comparison of floor space showed that in Washington Artillery Hall there would be an available area for exhibits of 11,000 square feet as against 3966 square feet available for this purpose in Tulane Hall. The discussion of available halls in proximity to Washington Artillery Hall then followed. Dr. Friedrichs moved that Washington Artillery Hall be selected as a center.

Dr. Parham asked for Dr. Simmons' opinion. Dr. Matas requested Dr. Simmons' opinion as to disposition of various sections. Dr. Simmons had only seen the Council Chamber and Washington Artillery Hall and Odd Fellows' Hall. He believed that the location would be excellent. The Exhibit Hall he considered the most important factor under consideration at the present time. Registration Bureau and Post Office should be central and in immediate proximity to Exhibit Hall. Considered Washington Artillery Hall ideal for the purpose. The main hall would be ample for both the exhibitors, registration bureau, bureau of information and post office. Tulane Hall he had seen and considers it not half large enough for the purpose. The various halls in Tulane Medical College and in the Polyclinic he advised the Committee not to consider. He believed that the Amphitheatre was not at all suitable for meetings of medical associations, while it offered an opportunity for the man reading the paper, to be heard, the arrangement was not such as to be favorable for the discussion, which is often the most important part of the proceedings. Seats almost without exception uncomfortable and difficult of access. He had seen

Odd Fellows' Hall and considered it somewhat objectionable because of the noise on Camp street. Quiet is an important factor. It had been the experience at past meetings that the most satisfactory meeting places had been churches. He had seen the First Presbyterian Church and the Carondelet Street Church. The Washington Artillery Hall with its 11,000 square feet, he believed too large for any section. Suggested the use of canvas partitions. If a room is too large it will encourage the presence of idlers in the rear, who not being themselves able to hear, talk and disturb the proceedings.

The following tentative arrangement of sections was suggested:

On Medicine, Washington Artillery Hall.

On Surgery, Odd Fellows' Hall.

On Diseases of Children, Odd Fellows' Hall.

On Obstetrics and Gynecology, Odd Fellows' Hall.

Hygiene and Sanitary Science, Sunday School Room, First Presbyterian Church.

Nervous and Mental Diseases, First Presbyterian Church.

Pathology and Physiology, Knights of Temperance Hall.

Cutaneous Medicine and Surgery, Y. M. C. A. Hall.

Stomatology, N. O. Dental College.

Materia Medica, School Board Room Fiske Library.

Ophthalmology, College of Pharmacy.

Otology and Laryngology, College of Pharmacy.

General Sessions, Tulane Theatre.

Bureaus of Registration and Information and Post Office, Washington Artillery Hall.

General and Scientific Exhibits, Washington Artillery Hall.

Other halls possible available in this neighborhood were suggested. The old Jewish synagogue, recently purchased by the City, Carondelet Methodist Church and Sunday School room.

It was suggested that it would be advisable to put sections on Medicine and Surgery as near the center as possible. All sections wished to be near these two sections.

As a substitute to Dr. Friedrichs' motion, Dr. de Roaldes moved that the selection of the central meeting place be left to the discretion of the Committee on Halls and Meeting Places. He believed that immediate action would be premature. No second.

Dr. Matas considered it advisable to bring up the question and decide it at once. The Committee on Exhibits had already



planned to utilize Tulane Hall, and if a change were to be made, it must be enabled to go to work at once to revise plans. Dr. Kohnke suggested hearing the report of Committee on Exhibits. At the request of the Chair, Dr. Friedrichs withdrew his motion, and Dr. Kohnke, Chairman Committee on Exhibits, then delivered his report,—the Committee believing that the selection of Tulane Hall was final had drawn up diagrams of the space available for exhibits. There was a total of actual space, including the galleries, of 3,966 square feet, which would yield a total rental of \$6,330, the prices for these spaces varying from \$150 to \$40. In closing, Dr. Kohnke urged upon the Committee the necessity for immediate action with regard to Exhibit Hall.

DR. BILLINGS—In arranging for the meeting of a large body of medical men, there are two most important considerations: First, comfortable meeting places, which should be easy of access. Second, sufficient hotel or other boarding accommodations. Believed Tulane Hall unsuitable for Exhibit Hall—it would be absolutely impossible to get exhibitors to take space in gallery. The smaller room in this same building was not desirable. Considered College amphitheatre as most undesirable meeting place; although a medical body, still the atmosphere of medical colleges was not pleasing. As to the Tulane Medical College, he believed that the amphitheatre on third floor could not be used, because of the number of stairs to climb necessary to gain access to it. Washington Artillery Hall he considered an ideal place. Made the suggestion that a restaurant could be run by some ladies selected for the purpose, which would furnish a source of revenue to them. Did not approve of free lunches. It had always been a problem at previous meetings of the Association to secure an adequate mid-day meal during the noon hour. Churches had heretofore been the most satisfactory meeting places. Distance was not an objection, provided places of meeting were on a car line and within a few minutes ride from hotel headquarters.

DR. FRIEDRICHS made his motion to read that the Committee select Washington Artillery Hall as a location for the Exhibit Hall, Bureaus of Registration and Information and Post Office, provided same can be secured. Motion carried.

DR. BILLINGS made the following suggestion to the Committee on Exhibits that they make a diagram of their hall, set a price upon the whole and divide it up as they saw fit.

DR. SIMMONS suggested the appointment of one man who should be a member of the Committee on Halls and Meeting Places, to supervise each room selected as a meeting place; that is, each meeting place should have a committee man whose particular duty would be to supervise the management of that particular room. If this plan were carried out such a thing as arriving at a section meeting place and finding the room unopened and dark would be out of the question.

In the absence of Dr. Gessner, Chairman of Committee on Badges, Dr. Walker submitted the Committee's report. The Committee believed that 5,000 badges would be necessary, distributed as follows:

Members, 3,000; Guests, 1,500; Exhibitors, 500; Delegates, 150; Sections, 24; Committees, 50.

In discussing, Dr. Simmons mentioned the fact that the badges for delegates were furnished by the Association. Advised against expensive badges. Did not consider guests' badges necessary. However, not over 50 might be provided for invited guests. One thousand badges for ladies would be ample. Considered a ribbon most suitable. Five hundred badges for exhibitors would be enough. It should be demanded of every one that he or she show a badge of some sort before being admitted to the exhibit hall. Heretofore the exhibit hall had been open to the public, and such was objectionable both to the profession and to exhibitors. A resolution of the A. M. A. had been passed to the effect that no layman should receive either a souvenir or literature from any of the exhibitors. This resolution should be enforced by excluding all who have not badges.

DR. WALKER, for the Committee, showed a design for a badge which the Committee has selected. The total cost would be \$175, which, with satin ribbons at \$43, would aggregate \$218. If finer ribbed silk ribbons were used it would bring the total expenditure up to \$335. Various suggestions as to designs were made.

DR. FRIEDRICHS moved deferring action on badges. Seconded. Carried.

DR. OECHSNER, in discussing, considered that the Committee should see to it that the badges should be worth preserving and was of the opinion that the Committee should not limit itself to \$350 for this purpose.

DR. DE ROALDES, Chairman of Committee on Banquets, asked for information from Dr. Simmons as to banquets of various sections.

DR. SIMMONS—Sections on Surgery and Gynecology sometimes combine in a banquet. Sections on Medicine usually have a banquet. Sections on Laryngology and Ophthalmology usually combine. Would suggest writing to the various chairmen of sections not later than February 15 for information with regard to the wishes of their sections in this respect. Each section paid its own banqueting expenses.

DR. DYER, from the Chair, stated that communications had already been sent out to the various Chairmen in this regard. From some of the Chairmen of sections came the suggestion that smokers would be more desirable in every respect than a formal banquet.

DR. BILLINGS—The arrangements for banquets were usually partially made on account of neglect of the members of the sections to signify their wishes. Believes the idea of general smokers to be a good one; that is, to have on the first night of the meeting, the only night of the meeting which is available, two or three smokers for the general membership.

DR. FRIEDRICHS, CHAIRMAN BUREAU OF INFORMATION, reported as follows:

This committee has held several meetings and has adopted the following plan to carry out its work:

An apartment to be selected at place of general meeting. The committee recommends that we arrange with the Committee on Registration and have a place in common where the work of the two committees can be more efficiently carried out. This room to be fitted up with telephone and connected with the messenger service.

We will need a clerk, whose duties will be to distribute the printed matter and keep a book of registry in which the local address of each member and visiting lady will be kept, so that they can be reached at once. In addition to the clerk a detail of the members of this committee will be in constant attendance to perform the functions within the province of this committee.

A sub-committee has been appointed, who have now in hand the collection of information regarding the climatology, sanitary



and health conditions of the State and city. They are also to arrange to give information which concerns the members directly, that is, in regard to the time and meeting places of the various sections and general meetings, hotels, and boarding houses, entertainments, banquets and various places of amusement, etc., etc.

I have been told the sub-committee has all these matters well under way and will be ready to report in a very short time.

From the present outlook I feel confident that this committee will have everything in readiness at least a month in advance of the time of the meeting.

DR. FELIX A. LARUE, Chairman of the Program and Publication Committee—I beg to state that we have had very little to do. The NEW ORLEANS MEDICAL AND SURGICAL JOURNAL has from time to time contained news of general information, which was sent to the official journal of the American Medical Association and other journals throughout the country.

DR. R. MATAS—COMMITTEE ON REGISTRATION reported that instructions as to his Bureau had been received from the Treasurer and the details would be carried out when a definite location for the Bureau had been selected.

DR. MOSS—Representing Dr. Martin, of the COMMITTEE ON HOTELS, reported that he knew nothing of anything done since last meeting of the Committee of Arrangements, November 15.

Beyond the negotiation with Ingram's Boarding House Agency, who had agreed to take charge of the meeting for the sum of \$200, to be paid by the committee, or this agency would take the matter in charge for \$100, provided they were allowed the privilege of issuing tickets to each applicant for a location, these tickets to be paid for by the applicant to cost \$1, the price of which would be remitted on the board bill of applicant. This last arrangement did not meet with the approval of the committee.

DR. SIMMONS considered the work of this committee as of highest importance. Considered that the attendance at the meeting would be about 4,000. Heretofore considerable overcrowding had been experienced in hotels. Would suggest that the Association would not be long in coming again if its meeting were well managed this time. Believed that private boarding houses are far better than crowding members into hotels. Cited instance of the British Medical Association, at which meeting

nearly all of the visitors were accommodated in private families, not really boarding houses. As to hotels, Dr. Simmons urged the necessity of getting from each proprietor prices for rooms, with bath, without bath, for one, two, three or four in a room. These rates to be given in writing and published in advance. Some hotel keepers do not care to furnish this information in writing. However, they can be given to understand that unless these conditions are complied with no notice will be made of these establishments in the advertising matter sent out.

DR. SIMMONS called attention to the New Orleans number of the *Journal* of the Association, which would be published four to six weeks before the meeting. This number to consist of 35,000 copies, and there would be eight, ten or twelve pages available for exploiting New Orleans and its resources. In this number would be found the program of the meeting; this number of the *Journal* would be sent gratis to any one to whom the committee would write a circular letter.

MR. CHARLES FARWELL, CHAIRMAN OF CITIZENS' AUXILIARY COMMITTEE, reported that he had secured a number of ladies who had consented to act on the Ladies' Reception Committee, of which Mrs. Samuel Delgado would be Chairman.

#### CONFERENCE OF SOUTHERN MEDICAL SOCIETIES ON ORGANIZATION.

A conference on the organization of the medical profession in the Southern States was held in New Orleans on January 27, in the rooms of the Orleans Parish Medical Society. This had been called by Dr. Frank Billings, the President, and Dr. Geo. H. Simmons, the Secretary of the American Medical Association, who were in New Orleans at this time in the interest of the May meeting of the Association.

While representatives from all of the Southern States were expected, the following were present at the meeting:

Besides Drs. F. Billings and George H. Simmons, there were present Drs. W. E. B. Davis, President of the Alabama State Medical Society; J. P. Runyon, Secretary of the Arkansas State Medical Society; J. H. Pierpont, President of the Florida State Medical Association; S. C. Red, President, and H. A. West, Secretary of the Texas State Medical Association; H. M. Folkes and J. F. Hunter, of the Mississippi State Board of Health, and

Isadore Dyer, President of the Louisiana State Medical Society.

Among the local physicians present were: Drs. Parham, Matas, Callan, Friedrichs, Barnett, LeBeuf, Lemann, Perkins, Holt, Martin, Larue, Sexton, Dabney, Miller, Jacoby, Chavigny, Storck and Graner.

Dr. E. J. Graner, President of the Orleans Parish Medical Society, called the meeting to order and introduced Drs. Billings and Simmons. Dr. Billings then took the chair and presided throughout. He stated the object of the meeting and reviewed the work of the national organization with its relation to State societies, and urged joint effort of State and local societies to further the work and organization of the American Medical Association. The difficulties confronting the associations were considered, and a story of the gradual evolution of the American Medical Association was given.

Dr. Simmons enthusiastically addressed the meeting, stating that the object of the meeting was principally to confer on the difficulties of organization; to meet the problems in each State, as each has a problem of its own, not, however, incapable of being overcome.

Formerly the whole meeting of the National Association was made up of delegates, while now the House of Delegates consists of selected men from the State societies, which constitute a federation of these State societies. The doctor dwelt upon the honor of being a delegate, and that in the future this would mean more and more distinction.

Nearly 80,000 physicians in the United States do not belong to medical societies; this means two-thirds of the medical profession. Reorganization should be done on business and logical principles. We must know how many physicians there are in each State and their relation to the ethical profession. At present we have no way of knowing the number of physicians in this country, as the directories carry names of dead men, horse doctors, and the same man may be registered from several States at one and the same time. The American Medical Association should be the Bureau of Information in this field. We cannot have all men in the societies, but we do want the list of them. Licensure does not mean qualification, and many a man practices medicine who has no right to do so.



In order to perfect the organization in the territory covered, it should be districted, and the profession should advise itself of every man privileged or not to practice medicine. The medical history of every man should be kept, and such information should be filed for reference in every State.

With the idea of weeding out evils, it is the purpose of the Association to drop 1,000 names before March 1. This includes those who are known to have forfeited the rights of membership through irregular practice. The only way in which quacks can be detected and expelled is through the local and State Societies.

Dr. Simmons said that eleven States had already adopted the constitution proposed by the Association and have found its provisions adequate. Michigan has raised its membership from 400 to 1600 on this account, and Ohio has done as well. Arkansas is in line, and Alabama has for some time been using the delegate system.

When States are districted, this should be done according to accessibility. The councillors must see that county societies are kept alive and that all eligibles are brought into line.

Dr. Davis, of Birmingham, reviewed the history of the Alabama Medical Association, saying that the scheme now adopted by the American Medical Association originated in Alabama. Under the present system there are 100 councilors and about 1000 members. When a councillor serves twenty years, he is elevated to a more honorable place. The system cares for the examination of candidates and provides for the supervision of public health, almost directly promulgating and executing the laws. Records are kept by each county and by State Associations.

Dr. Runyon, of Little Rock, stated that the constitution as suggested by the Association had been adopted and recommended. The membership of his association had increased from 300 to 750 since May. There are ten councillors actively at work, and the future promises much. The County Societies regulate fees, and a per annum tax of \$2 is paid the Societies.

Dr. Pierpont, of Pensacola, said that his State was not well organized. The membership is only 175.

Dr. Red, of Houston, pointed out Texas' difficulties, and stated that the proposed plans had been only partly considered and the matter deferred until the San Antonio meeting next April.

Dr. H. A. West, of Galveston, discussed the difficulty in the Texas situation. That the Texas State Society had taken up the matter and had referred it to a Committee which was divided in its report. That the minority report had considered more directly the plan as proposed by the American Medical Association. This considered redistricting the State of Texas into 15 districts, arranged according to the geographical definition. Because of the number of district societies in Texas the problem was perhaps greater than in some other States.

From indication the proper plan of organization will probably carry at the San Antonio meeting in April.

Dr. Hunter, of Jackson, Mississippi, stated that Mississippi Association had taken up the question, had referred it to a Committee which proposed making a favorable report with one dissenting vote.

Dr. Dyer, Dr. Parham and Dr. Perkins reviewed the recent history of the Louisiana State Medical Society, stating the increase of membership in the past few years and the outlook for the future. A present system of card index is being used, keeping a full record of every man practicing medicine. Dr. Parham especially accentuated the necessity for organization and referred to the disposition of the proposed constitution at the hands of the State Society.

Dr. Simmons in further remark spoke of the advisability of the exchange of information between States so that track could be properly kept of individuals moving from one place to another. The index system excellently provided for this so that the information should be prompt and effective.

Dr. Simmons referred to the ease with which each State from its card catalogue could obtain a directory of the State.

Considerable interest was taken in discussion of funds and fees; how much each Society or combination of Societies paid in fees. Opinion seemed to vary widely.

Dr. Billings closed the meeting, reviewing the field which had been covered in discussion, finally urging all those present to be sure and attend the May meeting.

## Medical News Items.

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HAWAIIAN LEPERS.—The commission which was sent to report on conditions to the Sandwich Islands, among other things reported a thorough investigation of the leprosy situation—of chief interest is the statement current as from that committee, that the management of the Molokai colony be transferred to the Marine Hospital Service and that a general leprosarium for all the United States be established on Molokai.

There were 858 lepers in the settlement, which evidently does not include all of those with this disease.

Much diversity of opinion was found in the Territory as to whether the control of the settlement should be retained by the Territorial Government, though all the Territorial officers were found to be favorable to such retention. The committee takes strong ground in favor of a change, saying:

“Your committee has been somewhat surprised to find that under existing management of the leper settlement, indiscriminate illegitimate and legitimate cohabitation is permitted in the settlement. Marriages are suffered to be celebrated between lepers. Children are born in the settlement of leprous union, and as a result of concubinage, and the leading officials seem to regard all this not only as permissible, but to protest vigorously against a system of segregation that would prevent it.”

The committee adds: “The only attempt seemingly to abate or minimize this evil is by counseling and earnestly urging marriage on the part of lepers, even going so far as to aid in facilitating divorces where a leprous man or woman has a wife or husband outside of the settlement, so that the husband or wife thus released from the marriage obligation might again be married to a leper, an inmate of the settlement.”

DR. A. W. DE ROALDES, of New Orleans, has been elevated to the rank of Officer in the French Legion of Honor. The conferring of this decoration indicates distinguished services for a period of something like thirty years. We are proud of our confrère.



GAILLARD'S MEDICAL JOURNAL, established 36 years, has again changed hands. The subscription price has been reduced from \$5 to \$1. It is hoped that with the new management this journal will regain some of its former prestige. The name of the new editor does not appear.

MARRIED.—Dr. Dempsey C. Iles, of Vinton, and Miss Huldah Bell Hudson, at Lake Charles, on January 8. Dr. Iles is president of Calcasien Board of Health, and rising in his community.

INDEX MEDICUS REDIVIVUS.—It is gratifying to know that the *Index Medicus*, established in 1879, and lapsed since 1899, is to be started once more under the auspices of the Carnegie Institution, under the editorship of Drs. Robert Fletcher and Fielding H. Garrison.

JOURNAL OF CUTANEOUS DISEASES.—Beginning with January, 1903, this journal will be under the editorial management of Drs. J. C. White and John T. Bowen of Boston, Drs. Hyde of Chicago, Stelwagon of Philadelphia, Morrow, Bronson, Jackson and Fordyce of New York.

Dr. A. D. Mewborn, of New York, will be acting editor. It is the desire to present a monthly review of all important advances in dermatology and syphilis both in this country and abroad.

The *Journal* has been made the official organ of the American Dermatological Association and will publish in addition to its transactions, the proceedings of all the local societies throughout the country devoted to this specialty.

THE ALABAMA INSANE ASYLUM had 33 insane negroes in 1870, and 451 in 1900.

DIED.—December 30, Dr. S. Choppin, aged forty, son of late Dr. Samuel Choppin, one of the former most eminent physicians in the State.

THE SHREVEPORT MEDICAL SOCIETY met last month and elected the following officers for the ensuing year: Dr. A. S. Reisor, president; Dr. N. K. Vance, vice-president; Dr. G. C. Chandler,

treasurer; Dr. W. L. Egan, recording secretary; Dr. T. E. Schumpert, corresponding secretary.

Dr. Gullidge of Belcher read an interesting paper on "Malaria Hematuria."

**VIRCHOW MONUMENT.**—The German Committee in charge of the celebration in honor of Rudolf Virchow's eightieth birthday, Profesor Waldeyer, Chairman, Professor Posner, Secretary, has begun collecting funds for the purpose of erecting a monument in memory of that great and unique man and physician. The undesigned are anxious and ready to receive contributions, which will be duly acknowledged.

Frank Billings, President of the American Medical Association, 100 State Street Chicago, Ill.

Thomas D. Coleman, 505 Green Street Augusta, Ga.

A. Jacobi, 19 East 47th Street, New York City.

W. W. Keen, President of the Congress of American Physicians and Surgeons, 1729 Chestnut Street, Philadelphia, Pa.

Wm. H. Welch, 935 St. Paul Street, Baltimore, Md.

THE AMERICAN DERMATOLOGICAL ASSOCIATION announces the subject for discussion at the Washington meeting in May: "The use of the Röntgen Ray in Dermatology."

NEW ORLEANS MEAT INSPECTION SYSTEM has been chosen as a model for the United States Civil Service Commission.

DR. ARTHUR NOLTE represented the Louisiana State Board of Health in Washington during the recent conference of State Boards of Health held in that city.

**DIED:** Dr. B. A. Terrett died in Natchitoches, January 23, after a brief illness. Dr. Terrett represented all that was aggressive in the younger profession in Louisiana, and his death is a loss to the profession at large. The JOURNAL extends its sympathy to the bereaved young wife and the members of his family.

THE BOARD OF COMMISSIONERS OF THE STATE COLORED INSANE ASYLUM to be erected on the old State Seminary grounds, north of Pineville, La., held a meeting January 12, which was attended by Gov. W. W. Heard and Dr. G. A. B. Hays. Dr. Hays is familiar with the needs of asylum buildings and gave his ideas in regard to the new asylum.

DR. R. ROBERTS has been elected President of the Lincoln Parish Board of Health with a salary of \$20 per annum.

PRESIDENT ROOSEVELT has been requested by the American Association for the advancement of science to appoint a physician as a member of the Isthmian Canal Commission.

DRS. CAPPS, WALKER and HOWARD have resigned the editorial management of the *Texas Courier-Record of Medicine*. The new editors are Drs. C. P. Brewer, of Ft. Worth, and J. W. Carhart of Lagrange. We wish them every success.

MARRIED: Dr. Louis Gaudin and Miss Louise Ilsley, of St. James Parish, on January 21, at Convent, La. Dr. John J. Haydel and Miss Annie Passalaqua, of Plaquemine, La., on January 14.

THE WESTERN OPHTHALMOLOGIC AND OTO-LARYNGOLOGIC ASSOCIATION will meet in Indianapolis April 9, 10, 11, 1903. An interesting program has been issued.

THE AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION is now affiliated with the Congress of American Physicians and Surgeons, and will meet this year in Washington, May 12, 13, 14 and 15.

MESSRS W. B. SAUNDERS & Co. have established a branch of their business in New York in the "Flat Iron" building at Broadway and 23rd Street.

THE QUARANTINE CONFERENCE HELD IN GALVESTON ON JANUARY 26 adopted a system of uniform regulations for employment at the several gulf ports represented at this meeting.

There were present Drs. George R. Taylor, President of the Texas Board; Dr. E. F. W. Clendon, Galveston, Quarantine Officer; Dr. E. Souchon, President of Louisiana State Board; Drs. A. Nolte and J. C. Egan, of the Louisiana Board, and Dr. Hett Goode and H. Goldthwaite, of Mobile.

Following upon the recent Quarantine League of the American Public Health Association, this conference and its work is pertinent.



The rules adopted were in substance as follows :

Vessels from Mexican ports to be disinfected and detained five days.

Cuban ports to be governed in this manner: At Havana a resident medical inspector, to be appointed by the several health authorities interested, to be stationed at Havana after April 1.

Vessels, passengers and baggage shall be disinfected at ports of departure after May 1, particular attention to be paid to the destruction of mosquitoes; passengers and baggage shall be disinfected at the quarantine stations, chiefly for mosquitoes. The passengers shall not be detained if there is no suspicious sickness on board nor in port of departure.

Vessels from Porto Rico shall be subjected to no restrictions unless previously from infected ports and not disinfected at Porto Rico.

Vessels from ports other than fruit ports and Cuban ports, where yellow fever has not been reported for the last two years, and where there resides a medical inspector of the health authorities parties to this conference, or of the United States Marine Hospital service, shall be disinfected upon arriving at the quarantine station after April 15, but shall not be detained. The passengers shall not be detained.

Vessels which are not included in the foregoing categories, but which are from ports liable to yellow fever, shall be disinfected at the quarantine station and detained five days, beginning April 15.

Vessels from ports supposed to be free of yellow fever, but from which yellow fever has been subsequently reported, shall be disinfected upon arriving at the quarantine station, and shall be detained five days.

Free pratique shall be given to non-infected vessels, with or without passengers, from ports where yellow fever is suspected, provided said vessels are disinfected at the port of departure, or at the last port touched at, in a manner satisfactory to the health authorities parties to this conference; provided, further, that said vessels, upon arriving at the quarantine station, shall be disinfected again; and provided still further, that full five days at least shall have elapsed since the completion of the first disinfection before the second disinfection is done at the quarantine station.

Vessels from infected ports shall all carry marine medical inspectors, except those not carrying passengers. Bocas and Limon are now considered as infected ports.

They shall all be disinfected at the quarantine station.

Passengers from Belize, Livingston, Port Barrios, Port Cortez, Ceiba and Bluefields shall not be detained unless there has been suspicious sickness on board or at the port. The passengers must be residents of the port, or must have been five days at the port before embarkation.

Passengers from Limon and Bocas shall not be admitted during quarantine season.

The captain or another officer of the vessel may go ashore to enter and clear his vessel only during daylight, and he shall return aboard immediately without having gone anywhere else, especially into houses.

Sulphur shall be burned in holds of fruit vessels from infected ports after discharge of cargo at port of arrival.

Infected vessels shall be detained, with all on board, at least five days at the quarantine station after the completion of the disinfection, and the removal of the last case of yellow fever from the vessel.

Healthy vessels, not otherwise subject to quarantine, which have touched for coal or orders at intertropical islands, reported free of infective diseases, without taking on board at such islands, either passengers or freight, will be allowed to pass without disinfection or detention, provided they sail from said port between sunrise and sunset of the day of the arrival thereof, and they have been more than five days in transit.

Vessels infected shall be disinfected, and shall be detained not less than five days after the removal of the last case of yellow fever.

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## Book Reviews and Notices.

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*All new publications sent to the JOURNAL will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the JOURNAL to review as many of the works received as possible, the editors will be guided by the space available and the merit of the respective publications. The acceptance of a book implies no obligation to review.*

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*General Medicine.* Edited by FRANK BILLINGS, M. S., M. D., and J. H. SALESBURY, M. D. Vol. 1, second series (1902-3) of the Practical Series of the Year Books. Edited by Gustavus P. Heab, M. D., Chicago, 1902.

This is the first, the October volume, of the ten small volumes which will appear between now and October, 1903, composing the second series of year books published by the Chicago Year Book Publishers. This fall number considers tuberculosis, pneumonia, pleurisy, bronchitis, disease of the heart, including the pericardium, the plague, the eruptive fevers, rheumatic fevers, gout, the blood diseases, diseases of the kidneys, and other miscellaneous subjects, viz: Osteomalacia, osteitis deformans, cancer disease and morphine poisoning. It is only a resumé of the literature of general medicine of the year, the matter being selected by the editors because of its importance in discussing the known and unknown questions of medicine. The therapeutic part has been enlarged and in the future the practical side of the subject considered will be still more fully commented upon. There is no surer way of making of this practical publication a success, and we know the editor who promises that will keep his word. Each volume is sold separately. The present one, 358 pages, cloth, costs \$1.50.

E. M. DUPAQUIER.

*Progressive Medicine*. Vol. III, September, 1902. Edited by HOBARD AMORY HARE, M. D., Philadelphia, assisted by H. R. M. LANDIS, M.D.

The contributions to this volume are of the usual order, characteristic of this well known quarterly. It is hard to say which of these monographs on Diseases of Thorax and its viscera, Diseases of the Nervous System, on Dermatology and Syphilis, and on Obstetrics, is more carefully written or more interesting than the others. That on Dermatology and Syphilis is certainly noteworthy.

E. M. DUPAQUIER.

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*The Diseases of Infancy and Childhood*. By HENRY KOPLIK, M. D., New York. Illustrated with 169 engravings and 30 plates in color and monochrome. Lea Brothers & Co., New York and Philadelphia, 1902.

Of the many contributions of the author to Pediatrics, this book is certainly the foremost in usefulness. Its development is of that average size which places it between the large treatises so inaccessible to many, and the common "handbooks" or "essentials," of which too many are elementary. This is a practical book and excellent guide in the difficult practice of disease among children. The chapters are well distributed. The printing and the illustrations are most attractive.

E. M. DUPAQUIER.

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*The Diseases of Infancy and Childhood*, by L. EMMETT HOLT, M. D., LL.D. D. Appleton & Co., New York, 1902.

We reviewed and commended the first edition. This, the second, is revised and enlarged. Divided into two parts, the first deals with the hygiene and general care of infants, their growth and development, and the peculiarities of their diseases. The second part comprises ten sections, as follows: Diseases of the newly-born; nutrition; diseases of the digestive system; those of the respiratory system; the circulating system; the uro-genital system; the nervous system; those of the blood, lymph-nodes, bones, etc.; the specific infectious diseases; and other general diseases. There are 225 illustrations, of which nine are colored plates.

A mere mention of the above, together with a consideration of the reputation of the author, would suffice to demonstrate the completeness and the value of the work. It is no doubt the best book on the subject to-day in the English language. It is valuable to the advanced student, to the practitioner, to the specialist in children's disease, and, besides, to the medical man who practices only other specialties, but has children of his own whom he wishes to supervise intelligently from the standpoints of hygiene and medication.

The chapters on infant feeding are especially valuable. The author is not partial to artificial foods, as is to be expected, but does not, perhaps, quite do them justice as additions to nursing, considering them almost as temporary makeshifts alone. Mellin's food, for instance, among others, he says, are intended to be prepared with milk. When it is, it makes, in



our opinion, a very good addendum even for breast-fed babies of the average mother; it can be used alone, however, when needed, as a temporary expedient in certain derangements of digestion.

The charts, diagrams and tables included in the book aid in understanding clearly the accompanying descriptions and ample space has been devoted to pathology and the descriptions of lesions, in life as well as post mortem.

C. C.

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## Publications Received.

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*How to Succeed in the Practice of Medicine*, by Joseph M. Matthews, M. D.—John P. Morton & Company, Louisville, 1902.

*Obstetrical Nursing for Nurses and Students*, by Henry Enos Tuley, M. D.—C. P. Englehard & Company, Chicago, 1902.

*Twentieth Century Practice of Medicine*, Edited by Thomas L. Stedman, M. D.—Volume XXI. William Wood & Co., New York, 1903.

*The Practical Medicine Series of Year Books*, Edited by Gustavus P. Head, M. D.

*Volume II, General Surgery*.—The Year Book Publishers, Chicago, 1902.

*Weisse Race sei auf Deiner Hut*, by Evardt Frandsen, M. D.—Vienna, Austria.

*Progressive Medicine*, Edited by Hobart Amory Hare, M. D.—Assisted by H. R. M. Landis, M. D.—Volume IV. Lea Bros. & Co., Philadelphia and New York, 1902.

*Anatomy*, by William H. Rockwell, Jr., M. D., Edited by Bern B. Gallaudet, M. D.—Lea Brothers & Co., Philadelphia and New York, 1903.

*Transactions of the American Surgical Association*, Vol. XX. Edited by Richard H. Harte, M. D., 1902.

*A Complete List of the Officers and Fellows of the American Surgical Association*, 1902.

## Reprints.

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*The Local Pathology of Acute General Infections Arising through the Lymphoid Tissue of the Fauces*, by J. L. Goodale, M. D.

*Laboratory Course in Pathology and Bacteriology*, by M. J. Rosenau.

*The Practice of Medicine as a Scientific Pursuit*, by F. Park Lewis, M. D.

*Malarial Infection a Potent Factor in Asthenopic Conditions*, by J. Lawton Hiers, M. D.

*The Mosquito on Board of Vessels at Quarantine Ports as a Factor in the Transmission of Yellow Fever—On the Transportation of Mosquitos by Vessels*, by Edmond Souchon, M. D.

*The Medical Book News*, November, 1902.

*Surgery of Tubercular Cavities of the Apex of the Lung*, by DeForest Willard, M. D., Philadelphia.

*Excision of the Lumbar Lymphatic Nodes and Spermatic Vein in Malignant Disease of the Testicle*, by John B. Roberts, M. D.

*Prostatic Gonococcal Auto-Reinfections of the Urethra*, by Terry M. Townsend, M. D.

*Gonorrhea of the Prostate*, by Ernst R. W. Frank, M. D.

*Advice to Gonorrheal Patients—The Urine from Each Kidney—Examination of a Genito-Urinary Patient by the General Practitioner—The Morning Drop; Its Treatment*, by Ferd C. Valentine, M. D.

*Blindness from Congenital Malformation of the Skull*, by Charles A. Oliver, M. D.

*The Narcotic Drug Habits and Their Treatment*, by Geo. E. Pettey, M. D.

*The Microscope in the Diagnosis of Scarlet Fever*, by W. K. Jaques, M. D.

*Ankylostomiasis, the Most Common of the Serious Diseases of the Southern part of the United States*, by H. F. Harris, M. D.

*The Röntgen Ray in Obstetrics*, by Joseph Brown Cooke, M. D.

*Biennial Report of the Alabama Insane Hospitals for the years ending September 30th, 1901 and 1902.*

*The Present Status of the Carcinoma Question.—The Purse-String Suture in Gastrorrhaphy for Gunshot Wounds; An Experimental Contribution—Life and Work of the Late Professor Christian Fenger*, by N. Senn, M. D.

*Littoral California—Rheumatic Appendicitis, and Study of the Relation of Rheumatism to Appendicitis*, by Wm. A. Edwards, M. D.

*On the Eradication of Yellow Fever in Havana*, by Edmond Souchon, M. D.

*Cancer of the Larynx Cured by X-Rays*, by W. Scheppegrell, M. D.

*A Report of Radio-Therapy*, by Thos. L. Butler, M. D.

*Some Considerations on the Hygienic and Prophylactic Treatment of Myopia. The Treatment of Corneal Infiltrations by Iodine-Vasogen. Simultaneous Paretic Mydriasis: Subluxation of the Lens, and Rupture of the Choroid, With Marked Involvement of the Retina. A Peculiar Form of Persistent Pupillary Membrane*, by A. Duane, M. D.

*Subcutaneous Injection of Paraffin in the Correction of Facial Deformities*, by Harmon Smith, M. D.

*How an Enterolith May Behave*, by T. M. McIntosh, M. D.



## MORTUARY REPORT OF NEW ORLEANS.

(Computed from the Monthly Report of the Board of Health of the City of New Orleans.)  
FOR DECEMBER, 1902.

CAUSE.	White.	Colored.	Total.
Fever, Malarial Intermittent.....	2	3	5
“ Typhoid or Enteric.....	9	4	13
Epilepsy.....	1	1	2
Paralysis.....	3	...	3
Anemia.....	1	1	2
Diabetes.....	1	1	2
Puerperal Diseases.....	2	...	2
Bronchitis.....	9	4	13
Diphtheria.....	6	4	10
Influenza.....	1	...	1
Septicemia Pyemia.....	3	1	4
Whooping Cough.....	1	...	1
Pneumonia.....	30	17	47
Cancer.....	21	1	22
Consumption.....	45	41	86
Diarrhea (Enteritis).....	25	10	35
Dysentery.....	...	1	1
Congestion of Lungs.....	2	1	3
Asthma.....	2	...	2
Hepatic Cirrhosis.....	14	3	17
Other Liver Diseases.....	2	1	3
Peritonitis.....	2	3	5
Diseases of Stomach.....	6	1	7
Debility, Senile.....	23	8	31
“ Infantile.....	15	4	19
Bright's Disease (Nephritis).....	31	24	55
Other Diseases of Urinary System.....	2	2	4
Hernia and Obstruction of Bowels.....	4	1	5
Heart, Diseases of.....	28	25	53
Apoplexy and Congestion of Brain.....	16	11	27
Meningitis.....	3	1	4
Appendicitis.....	2	...	2
Trismus Nascentium.....	2	7	9
Injuries.....	15	13	28
Suicide.....	3	...	3
All Other Causes.....	38	16	54
TOTAL.....	370	210	580

Still-born Children—White, 19; colored, 15; total, 34.

Population of City (estimated)—White, 223,500; colored, 81,500; total, 305,000.

Death Rate per 1000 per annum for Month—White, 19.86; colored, 30.92; total, 22.81.

## METEOROLOGIC SUMMARY.

(U. S. Weather Bureau.)

Mean atmospheric pressure..... 30.14  
Mean temperature..... 54.  
Total precipitation..... 6.09 inches.  
Prevailing direction of wind, northeast.

# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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VOL. LV.

MARCH, 1903.

No. 9.

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## Original Article.

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[No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. A complimentary edition of fifty reprints of his article will be furnished each contributor should he so desire. Any number of reprints may be had at reasonable rates if a WRITTEN order for the same accompany the paper.]

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### An Atypical Case of Cancer of the Stomach.

By OTTO LERCH, A. M., M. D., Ph. D., Prof. of Clinical Diagnosis, New Orleans Poly-clinic; Professor of Physiology and Pathology, New Orleans College of Dentistry; Chief of Clinic to the Chair of Materia Medica and Clinical Medicine, Medical Department, Tulane University of Louisiana.

#### A CASE OF GASTRIC CANCER MASKED BY LIVER CIRRHOSIS.

Latent carcinoma is not a rarity. Boas, in his work on the diseases of the stomach, quotes Chesnel, Raymond, Brodeur, Hampel, Leichenstern, Goldscheider, Lafourcade, Lefèbre, Aron, who all have described a number of such cases. In some of these no stomach symptoms were observed during life, in others the autopsy revealed a flat growth infiltrating the walls of the stomach. In three cases described by Chesnel a co-existing pregnancy made a diagnosis *intra vitam* impossible. In none of the numerous cases reported was it possible to make a diagnosis during life, and this is sufficient proof of the difficulties surrounding the diagnostician under certain conditions.

Then again the progress of the disease may be far more acute than is usual. Schweppe reports one case of his own with fatal ending in 20 weeks, and cites 21 similar cases of

acute cancer from the literature. Boas reports a case with fatal result in 5 weeks. Musser makes the following statement in his work on medical diagnosis: "Gastric cancer may occur without any symptoms whatever, and be discovered after death from other causes." Butler, in his diagnostics of internal medicine, says: "Not seldom the disease is latent or perhaps there is simply gradual loss of strength without local signs of disease, or there is evidence of malignant disease elsewhere, without symptoms of involvement of the stomach."

The most prominent symptom differentiating cancer of the stomach from all other stomach affections is the progressive cachexia. A complete diagnosis requires the determination of the tumor and its seat, the size and position of the stomach, metastatic or progressive malignant processes invading neighboring organs.

An acute onset of the disease in a man past middle age who has never suffered from stomach affections is rather characteristic, though, of course, many exceptions occur. The appetite suffers in the majority of cases and disgust for meat is an almost universal symptom. Thirst is usually increased. Eructations due to fermentative processes and to decomposition of portions of the tumor are usually present and almost always of foul odor. Vomiting is frequent though not constant; it is often a prominent symptom of pyloric cancer and quite characteristic in these cases. If the tumor obstructs the pyloric orifice, dilatation of the stomach results from the retention of food. The patient continues to ingest, and the accumulation of fermenting and decomposing matter becomes finally so large that the viscus revolts and a copious vomit, followed by an interval of rest, is the result; for the same reasons the process is repeated. In these cases the epigastric region is sunken and the lower portion of the abdomen much distended.

Nausea and pain precede the vomiting, and the fetid mass presents the familiar coffee ground appearance if capillary hemorrhages from the tumor have mixed with it.

Inspection is a valuable means of diagnosis in this condition, and a tumor can often be detected at a glance, especially when its seat is in one of the curvatures. A pyloric cancer can only be seen under favorable conditions. If the tumor is large and the obstruction of the orifice great, we find the sunken epigastrium



and the dilated and descended stomach outlined like a bladder below the emaciated abdominal walls. Tumors of the lesser curvature are found below the border of the ribs more or less high according to the descended position of the stomach; those of the larger curvature in the region of the navel or, more frequently, below it, due to the usual dilatation and descent of the organ. A carcinoma of the pylorus can not be palpated if it is located below the left lobe of the liver, the usual seat of this orifice, and a tumor of the lesser curvature can not be detected unless it descends on inspiration below the border of the ribs. *Pyloric tumors* do not change their position during respiration unless united with the liver. Those of the curvatures follow respiration and can be easily differentiated from tumors of the liver by fixing them with the hand after a deep inspiration. Inflation of the stomach with carbon dioxide or air furnishes valuable data as to position and size of the stomach as well as to location of a tumor.

An examination of the contents of the stomach is always of great importance. In pyloric cancer, retention of food is present, due to obstruction of the pylorus, atony and degeneration of stomach walls. Absence of hydrochloric acid and presence of large quantities of lactic acid are characteristic symptoms and, under certain conditions, almost pathognomonic. The more valuable sign is the presence of lactic acid, as under no other conditions is this acid formed in the stomach, whereas hydrochloric acid may be absent in various other affections of this organ. Particles of carcinoma found in the vomited matter are of course positive proof, and the presence of pus, Boas' bacilli, sarcinæ, and yeast-cells are all of importance in assisting the physician to make a diagnosis.

Finally, it may be mentioned that an enlargement of glands is frequently found in this disease. This short review of the cardinal symptoms of carcinoma ventriculi as an introduction to the case will, it is hoped, be found convenient by those who do not often see these cases.

My patient, treated in the Charity Hospital, 49 years of age, was born in France and came as a child to the United States. He does not remember anything of his family. Has been a heavy drinker and has used tobacco excessively, chewing and smoking. Claret has been his favorite drink, taken in large quan-

tities. Of the infectious diseases he has had yellow fever in 1878, and gonorrhea and syphilis when a young man. For the last four years he has been troubled with his stomach, complaining of indigestion, burning sensation in the epigastrium after eating, acid eructations, and morning vomit. When he entered the hospital he appeared emaciated, fat wasted, though muscles were still fairly well preserved. The face presented that venous hue that marks the alcoholic skin; body white. He complained of dizziness and of an aggravation of his stomach troubles. The vomiting had become frequent and was occasionally of a greenish black color. His stomach would retain little, and after three weeks, all feeding *per os* had to be abandoned and replaced by rectal feeding though his appetite remained good, his tongue clean, and no disgust for meat was present; on the contrary, when asked he would say: "If I could only keep it, I would like to eat a good steak." He did not complain of pain, and especially not in the epigastric region. His bowels were constipated and had been so, according to his statement, for years.

Heart and lungs were found normal, arteries rolling under the finger, and tortuous; pulse 72, regular, tense and small. On inspection the abdomen was found distended, markedly at the epigastrium. A tumor replacing the whole left lobe of the liver, fully as large as a child's fist, could be detected moving upward and downward with the respiration. On palpation it conveyed a hard, boardlike feel with an uneven, knotty border. This growth could be traced along the lower border of the liver, toward the right, disappearing under the ribs. No other tumor could be seen or felt over any other portion of the abdomen. After a deep inspiration the tumor could not be fixed, but rose again, with expiration, to its former position. Neither could it be pushed laterally. The lower curvature was plainly outlined, just at the navel. Abdominal veins were all distended and the *caput medusæ* well marked. The spleen was not palpable but on percussion was found to be somewhat enlarged.

Hemorrhoids were present.

On account of the excessive weakness of the patient, the stomach tube could not be introduced. However, several examinations of the vomited matter showed the following result:

Hydrochloric acid present in traces, lactic acid absent. Sarcinæ and yeast-cells absent. Mucus and partly digested particles of food present, and blood and bile occasionally. Vomit as well as eructation always odorless, perhaps slightly sour.

The urine contained hyalin and granular casts and traces of albumin.

Our diagnosis was gastritis due to liver cirrhosis with entirely cirrhotic tumefied left lobe and contracted kidney. Patient failed rapidly and died after he had been in the ward four weeks.

The autopsy, held by Dr. Pothier, pathologist of the Hospital, bore out the diagnosis in every particular, revealing besides a carcinoma of recent growth almost filling the pyloric orifice.

The stomach was found sacculated and its mucous membrane covered with capillary hemorrhagic spots. The left lobe of the liver was completely cirrhotic; the right was congested and only partially cirrhotic. Spleen enlarged, capsule thickened, kidneys shrunken in cortical portion.

If we review this case, we find that the symptoms of the cirrhosis of liver and the general condition of the patient completely hide the signs of rapidly growing carcinoma. The alcoholic history, the infectious diseases he had passed through in his life, that of a common laborer full of exposures and excesses, led us to expect and explain the gastric disturbances that had troubled him for the last four years. The interstitial tissue growth had no doubt commenced to invade his organs many years ago, but not till then had it caused alterations in the organs, especially in liver and kidneys, to such an extent as to produce serious gastric troubles. Nothing but an aggravation of these brought him to the hospital and under our observation. When seen he presented the picture of a patient suffering from liver cirrhosis, due to abuse of alcoholic liquors.

The good-natured, rather hopeful face of a ruddy color that proved to be due on closer inspection to distended venules, especially well marked on the nose; the slight blue color of the lips and yellowness of the scleræ; the distended abdominal veins and marked *caput medusæ*; the tympanitic abdomen and the emaciation made up the familiar picture. Our attention was at once arrested by the formerly described tumor, but careful palpation left no doubt that it was the tumefied left lobe of the liver, confirmed by the finding of the pathologist.



I have observed this condition of the liver, of special interest, in several patients, before. In all of these cases the left lobe of the organ was completely cirrhotic and practically converted into a tumor of cartilaginous consistency that might easily be mistaken for a carcinoma. However, the absence of a primary cancer of the stomach, or elsewhere, the absence of glandular enlargement and of all the other symptoms of malignancy, will make the diagnosis in almost every instance. Of course, a careful search was made in this case for enlarged glands, proving entirely negative. No other tumor could be detected.

The vomit of the patient was characteristic. Of frequent occurrence when he entered, it increased in frequency from day to day, till, finally, everything ingested was thrown up, and all medication employed became useless. It occurred first only once or twice during the day, then an hour or so after eating and in the latter state almost immediately after ingestion of food or water, without nausea and but little retching. It was paroxysmal in character, indicating an intensely congested mucous membrane, secondary to the condition existing in the liver. The bile and the partially digested food found in the vomit suggested the unobstructed pyloric orifice and open cardia; the blood found occasionally, giving a coffee-ground appearance to the matter, suggested capillary hemorrhages from the congested membrane, a diagnosis borne out by the autopsy.

The peculiar character of the vomit, the presence of hydrochloric acid and absence of lactic acid, as well as the absence of all products of fermentation and decomposition in the matter vomited, confirmed our diagnosis.

To repeat, the vomit due to an obstructed pylorus is usually striking; it occurs at intervals and consists of large quantities of fetid matter.

If we add now that the most prominent symptoms of all malignant disease, the cachexia, was absent, that the skin was of pure whiteness, not showing even that peculiar hue we find so often coupled with an advanced liver cirrhosis, the retained appetite and the longing for meat, contrary to all experience in gastric cancer, the absence of characteristic pains in the epigastrium, or rather of any pain, I believe I was justified to exclude the diagnosis of carcinoma of the stomach: in fact, that

it was impossible to make such a diagnosis with our present knowledge.

The progressive emaciation, which, under other conditions, would have led to suspect malignancy, is common in liver cirrhosis, and had to be expected to be pronounced in the conditions in which liver and stomach were found.

It seems that the case has to be classed with the latent cancers of the stomach, and within my knowledge a similar case has not been reported. Further interest is added by the rapid growth of the tumor, which, presumably, originated not over five weeks before death of patient, I should think about eight or ten days before he entered the hospital, when his gastric troubles commenced to become more severe.

Of special interest is the tumefaction of the left lobe of the liver, so different from the usual form of atrophic cirrhosis, in which this lobe frequently shrinks to a small appendage; occasionally it might be mistaken for a malignant tumor.

Thanks are due to Dr. D. F. Harang, my clinical assistant, and Mr. DeBuys, R. S. Both have materially assisted me in the management of the case.

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## Communication.

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### Your Opinion on the New Constitution Wanted.

*Editors New Orleans Medical and Surgical Journal:*

The assertion may be safely ventured, that not more than one out of twenty members of the State Society has ever glanced over the new constitution which was published in the January number of our official journal. To stimulate interest and to provoke discussion on the changes contemplated, let us consider a few points on which it seems susceptible of improvement—

1. Changing the name.
2. Vice Presidents and Councillors.
3. Election of Officers.
4. Omission of House of Delegates.

1. The name "Louisiana State Medical Society" is consecrated by the work of our illustrious predecessors, who under that banner led the Society from obscurity to the important position it occupies to-day, and apart from sentiment, remains the practical objection, should we abandon our name, for that of "Association," we forfeit all right to nominate the members of the State Examining Board. The law creating that board distinctly states that "The Louisiana State Medical Society shall submit two names to the Governor, one of whom shall be appointed, etc." Should any physicians organize, under the title we discard, to them undoubtedly would devolve the privilege of offering the name for any vacancy that might occur upon the Examining Board.

2. For obvious reasons, instead of creating three new Vice Presidents, and seven Councillors, why not grant our existing seven Vice Presidents the additional title and duties of Councillors?

3. Referring to the new method of electing officers it is open to several objections. According to existing regulations, the nominating committee is composed of one member from each parish represented at the meeting, thus giving the smallest parish in the State an equal voice with the largest. Its sessions are conducted privately, only the result of its deliberations being announced, and should it be objectionable, the Society has the privilege of rejecting its report. Under the new régime, the seven Councillors dominate the personnel of the nominating Committee, which is obligated to report two names for each office, whose occupancy must be decided by ballot of the entire Society. This procedure, in my opinion, is well calculated to produce friction. No man likes to be sacrificed unnecessarily; to have his name put up without his knowledge or volition, and be subjected to the humiliation of defeat will certainly ruffle his temper.

4. By not providing a House of Delegates we omit the foundation stone of the new structure being erected by the American Medical Association, which same is modeled on the U. S. Constitution of which the key note is, that the legislative department of each higher body must consist of accredited delegates elected by the next in rank below. For our peculiar needs in Louisiana I would recommend going one step beyond the A. M. A.



and create our House of Delegates on sound business principles. Let the Treasurer of each Parish Society be its delegate to the State Convention. Let his business be to collect six dollars per annum from each member of the parish body, reserving one dollar for local needs, and remitting five to the Treasurer of the State Society, thus always keeping his parish confrères in good financial standing, and obviating the necessity of dropping fifty from the rolls for non-payment of dues from forgetfulness, as happened two years ago. In return for this let the State Society pay his traveling expenses and hotel bills and you can depend upon his presence. All of us who have been through the mill are well aware that a young doctor in a distant portion of the State, however willing, cannot afford to sacrifice both his time and money for purely patriotic motives. This will give us a representative from each of the fifty-nine parishes of the State at every meeting, and these delegates can elect the officers and attend to all purely business matters, and yet find plenty of time to participate in all scientific work. These suggestions are not offered from any spirit of criticism. Taken as a whole, the new constitution is an excellent instrument, and reflects credit on our genial friend, Dr. Chassaignac, whose abilities have no warmer admirer than myself,—but for the new constitution to be a success it must be moulded into a harmonious leaven, by the united efforts of all of us, and constructed to be adaptable to the needs of both city and country.

GLENDOWER OWEN, M. D.,  
Ex-President La. State Medical Society.

# N. O. Medical and Surgical Journal

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## Editorial Department.

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CHAS. CHASSAIGNAC, M. D.

ISADORE DYER, M. D.

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### The Louisiana State Medical Society Meeting.

Never before in the history of the medical profession in Louisiana has there been as much of promise. Within the years just passed, a better organization has gradually eventuated until to-day the State Society may compare with that of most States in the Union.

The next meeting in New Orleans, at the end of April, should be well attended, especially as it means the making of an epoch, in that the affairs of the organized profession will take shape under a new constitution.

The committee appointed to prepare the new constitution published a preliminary report some time back, hence all the members have had ample time and opportunity to study the question and should be prepared to do their part in settling it. The Society has had two years to chew upon and digest the proposed new laws, and should now be ready to assimilate such parts of them as can prove beneficial to its own organism thereby doing its share in aiding national medical organization.

The scientific part of the meeting should not lack attention and a worthy program should be made ready—for the State Society only precedes the American Medical Association one week and it should have a report of this work ready and amply full of the spirit the National Association is trying to develop.

It is not too soon to arrange for coming to the State meeting, and the arrangements for rates made in behalf of the A. M. A. will obtain for those of the State Association who desire to enjoy both meetings.

Now is the time to stimulate new members also, as their names must be in at least one month before the meeting. There are some 1500 physicians in the State and few over 400 in the Society.

The committee of arrangements have already planned a most pleasant stay for country members and all efforts will be made by the New Orleans contingent towards making the meeting as successful as the last one at Shreveport.

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### New Orleans.

A stranger in the old French Market looks askance at the coffee stands with their primitive service but the cleanliness first and the appetizing odor of the fresh crullers and French *café au lait* soon make the desire, which comes again the next visit. Much of New Orleans and its traditions center near the French Market, Jackson Square, the old Cathedral and Cabildo, and on a moonlight night, which we find in May, this *vieux carré* looks like some bit of old Provence, or Tours, transported with all its Balzacian coloring, to act as the focus for a new Latinity in a newer world. The French quarter of New Orleans has its own traditions but it is the legendary coloring which makes each of these the more *genre*. Even to-day the moss grown courtyards harbor love cotes and in the same old way Cupid sends the sparrows by day and the mocking bird by night. But the guests of Mme. Delphine, of the Royal street haunted house, of Père Antoine, all seem to shadow modern innovations as if the city there, at least, were part of an *ancien régime*.

The doorway of some breaking house front tells of former splendor, in every line telling of the ancestral well-being and perhaps opulence. The romances lie beyond the door and we find them now and then; amidst poverty there rests an heirloom in some bit of ivory, carved many decades since; a bit of brass bearing noble arms; a portrait worthy Cousin Pons' collection, a dash of color on a white washed wall. The casual visitor does not see all these things, but to one who loves the air, the spirit hovers everywhere in the *vieux carré*.

The transient stops at some hotel and misses quite the déjeuner at Begué's, the rare chef-d'œuvres of Jules Alciatore, who is past master in the *art cuisinier*, the table d'hôte of Mme. Bezaudun at the Louisiana, and Victor, Leon's and Meyer's are not to be forgotten and these are not true hostelries, but restaurants of the people, who have long possessed the *savoir vivre*, even



when the purse was too short to cover more than one dish besides the soup.

We are only saying these things to let you know that for the medical man away from home and of the cares of routine, New Orleans has the gentle spirit of tradition, of welcome, and of good cheer to speed the hour away while he is with us in the Crescent City.

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### **Formalin in Septicemia.**

It is natural that the recovery of an apparently hopeless case of septicemia, after an intravenous infusion of formalin solution, should attract general attention. This case was first heralded in a daily newspaper and reports of other attempts in the same direction promptly followed. In the last number of this JOURNAL we referred at some length to Dr. Barrows' report of the first patient and the discussion that followed before the New York County Medical Association. Enough was brought out which, added to our previous knowledge, would tend to show that we must not rush to conclusions.

Carefully observed and compiled experiments, scientifically carried out, must be awaited before we become enthusiastic over the procedure. We do not condemn, but advise the profession to act conservatively in the matter. Bad cases sometimes recover unexpectedly; intravenous injections of saline solution alone have been known to be very beneficial. On the other hand, however, experiments on animals have not been encouraging in this line. Besides, over-enthusiasm can only delay the reaching of a just decision; if the pendulum swings too far in either direction, it is bound to delay reaching the equilibrium.

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### **Again the Mosquito.**

Winter is over. The mosquito will come to us again and abide with us if we do nothing to prevent. The medical profession only can make the people understand the importance of getting rid of the pest. The JOURNAL is one of the best means of reminding the profession of their duty in the matter. Hence this reiteration on our part. We prefer always to write against the mosquito than to feel the mosquito always.

### Infamous Boycott.

We read that, owing to a boycott instituted in Waterbury, Conn., as a result of a car strike, physicians have been warned not to attend patients who have been blacklisted and, if they persist, all who employ them are subject to the same discipline.

This is past belief in the twentieth century. Without entering into the merits of any controversy between employer and employee, nor even discussing the principle of the boycott which has often been called a cowardly weapon, we do desire to say that when the conflict is pushed to the extent of denying succor to the ill and injured, it becomes inhuman and fiendish. We have not words strong enough to denounce such unjust and cruel action.

We have faith in the members of our calling, however, and we feel confident that the medical men of Waterbury have ere this shown they are not made of such stuff as can be controlled by edicts that would make them derelict to their duty and forgetful of the high principles of the profession.

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### A Serum Against Scarlatina.

Aronson has recently announced a new anti-scarlatinal serum, which is reported to have been used in several German hospitals with excellent result. According to the reports, the mortality was markedly diminished and the little patients upon whom it was used remained practically free from sequels and complications.

Should these observations be confirmed and this serum prove as efficient as diphtheria anti-toxin, two of the most dangerous enemies of childhood shall have been relegated to an inferior position and humanity will owe another debt to medical science.

## Abstracts, Extracts and Miscellany.

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### Department of General Surgery.

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In charge of DR. F. W. PARHAM, assisted by DR. F. LARUE, New Orleans.

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A SIMPLIFICATION OF THE METHOD OF FIXING THE MURPHY BUTTON IN INTESTINAL SUTURE.—Fritz Rehm, in his graduation thesis, presented a proposal for the simplifying of the manner of sewing in the two halves of the Murphy button. An abstract of this paper is published in the *Centralblatt f. Chir.*, No. 48, 1902. All who have employed the Murphy button have realized that there should be a shorter way of getting the apparatus fixed in place. Admirable as is the suture suggested by Murphy and capable as it is of saving for the patient and the surgeon much time as compared with other methods of suture, this button of Murphy would be much more popular with operators, especially in cases where time was the most important factor, if the work of actually fastening in the buttons could be materially shortened. Now, it seems to us that this suggestion does accomplish this in a very simple and practical way. The operation according to this plan would be thus carried out:

I. Enteroanastomosis. The gut is incised longitudinally just about the length of the diameter of the button. One-half of the button is then introduced and crowded up towards one angle of the incision. A suture put in close enough to the button on the other side will fasten it in place. The button is kept from falling into the gut by holding it in the bite of a forceps. The other half is put into the other bowel in the same way and the two halves brought together. Usually no external suturing will be required. Should the incision in the gut have been too long an extra suture will easily correct the difficulty.

II. End-to-end approximation. In this case, since the stem of the button should be in the center of the lumen, it is only necessary to select a button of the proper size, and hold it in place by a suture on *each* side and the button is ready to bring together.



Comment: This surely seems simple enough and we believe will be found a practical improvement on the method originally described by Murphy in his classical writings. It seems to us that it particularly simplifies end-to-end anastomosis. By running the sutures somewhat obliquely outward redundancy of bowel may easily be drawn in over the button and the button clamped in such a way as to make unnecessary any further loss of time. We shall certainly try it in emergency.

Professor von Hacker of Innsbruck later (*Centralblatt No. 1*, 1903) comes out in commendation of this procedure, but remarks that he presumes that this suggestion of Rehm's is such a natural modification of the original procedure of Murphy it must have been employed by various surgeons, but he admits that he has been unable to find any description of it in any text or hand-book. He claims that he has always in his anastomosis operations been in the habit of carrying out this procedure of Rehm's and that he has been entirely satisfied with his results. He does not favor its use in circular approximation where the ends of the bowel sections to be united are of different diameters. In this case he prefers the original gathering stitch of Murphy.

PROSTHESIS BY HARD AND SOFT PARAFFIN INJECTION.—R. Gersuny remarks in *Centralblatt f. Chir.*, No., 1903, that the expectations which he had entertained as the result of such use of paraffin injections, are showing themselves continually more and more thoroughly established. Numerous published reports of experiences of many confrères have demonstrated, too, the efficiency of the simple technic proposed by him. The most important variation from the plan suggested by him has been the use of harder and less easily melted preparations of the substance. He thinks, however, that the final effect of the injection is practically the same whatever the consistency of the paraffin used, whether one uses unguentum paraffini (vaselin) with a melting point between 35 C (95F) to 40 C. (105F), or a substance with a more difficult melting point. Vaseline offers one especial advantage, that it may be used with an ordinary hypodermic syringe. The advantage of the harder varieties of paraffin is that it hardens quickly and can be molded into the shape desired, thus correcting at once the deformity. This has certainly some advantages in a case, for example, of

inoperable hernia, where the obtruding lump should be fixed in place as promptly as possible; but he does not think much of the much discussed advantage of greater safety of the harder preparations, nor does he think the objection to the softer forms, that in conditions of fever the correction effects will be lost by the melting of the paraffin, will hold. As to the first, if care is taken with any, however soft, preparation of paraffin, to introduce the needle first before attaching the syringe, it may be easily determined whether it be in a vessel by noticing any escape of blood; and as to the second, the paraffin is not loose in a tissue space, but seems actually incorporated with the tissue fibres, and hence will not lose its form.

After considerable research, Gersuny has learned that he can get excellent results with a mixture of one part vaselin and four parts olive oil, by volume. This is each time prepared fresh and sterilized. It is well adapted at room temperature to diffuse itself and mix well with the tissues of the part and thus actually prevent the formation in lumps so likely to prove objectionable in certain situations. He had the hope that such might be the case; the numerous small particles of paraffin distributed through the tissues becoming encapsulated and serving their prosthetic purpose by simply adding something to the tissues without distending them, the oil having become gradually absorbed. These hopes were fully realized. He has been able successfully to apply this method to the prosthesis of a great variety of deforming pathologic conditions, such as that due to facial hemiatrophy, as a means of elevating healed in, but depressed, Thiersch grafts on nose and elsewhere, to lift scars, and so on, besides those like saddle-back nose and others, where such prosthesis has already been much employed.

Finally, he preferred the olive oil mixture to liquid paraffin of commerce, because it has been demonstrated that olive oil was absorbed subcutaneously, whereas the behavior of liquid paraffin was as yet unsettled.

Sometimes it was advantageous, and safer, to inject, at first very slowly, only a very small quantity of the substance, and in a few days to throw the rest in cautiously into this focus slowly expanding the part by injecting the required amount. Embolism would be less likely in this way.

## Department of General Medicine.

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In charge of DR. E. M. DUPAQUIER, New Orleans.

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ABORTIVE TREATMENT OF FURUNCLES WITH A CONCENTRATED SOLUTION OF IODIN IN ACETONE.—Acetone dissolves about four times more iodine than alcohol. The solution is blackish. It was tested in a systematic manner, on patients in the typhoid fever wards of Prof. Chantemesse. Typhoid cases very often have abundant eruptions of acne and furuncles, which give rise to abscesses and at times quite large sloughings, and it was customary in these wards to use for such eruptions applications of ordinary tincture of iodine. In its stead the following formula was used :

Metallic Iodine .....	4 grams.
Acetone.....	10 grams.

At first this solution is almost similar in appearance to the ordinary iodine tincture. But in course of time, it changes. After fifteen days it becomes black and as consistent as syrup; the change is due to the formation of mono and di-iodoacetone. The fresh solution is more irritant than an aged one, while the ordinary iodine tincture on the contrary becomes more and more caustic with time. The following is the method of using the iodoacetone solution. A wad of absorbent cotton secured in any stem or forceps is soaked with the solution and the furuncle or inflamed nodule gone over, leaving a coat of blackish varnish. If the skin be intact the patient hardly feels anything and if broken quite a smarting sensation follows.

As a rule, in 24 hours all signs of inflammation disappeared after a single application provided suppuration had not set in yet. Even when there is pus, but only a superficial drop of it, the furuncle may be aborted entirely. Iodoacetone is indisputably more potent than iodine tincture. But it presents some slight drawbacks, it possesses more causticity than iodine tincture and therefore requires more prudence in its handling. It can bring about phlyctenules and even slight ex-ulcerations. Again if applied over the pulpy granulations of an open boil it causes



acute pain. In one case, iodism was produced, but true it is that iodism was also seen in a case of ecthyma in which iodine tincture was applied.

The drawbacks of iodoacetone mentioned above are nothing when compared with its efficacy. The latter was so manifest that Prof. Chantemesse thought it advisable to publish the present note.—*Gazette des Hôpitaux*, GALLOIS AND COURCOUX, Jan. 20, 1903.

THE TREATMENT OF AGUE BY INTRAMUSCULAR INJECTION OF QUININ.—Says A. G. Welsford, M. D., F. R. C. S., in *The Indian Lancet*, January 5, 1903: Practitioners who have had experience in the treatment of malaria by both intramuscular and hypodermic injections of quinin solution will scarcely endorse Colonel Smith's condemnation of the intramuscular method and his preference for the hypodermic. The latter injections are often very painful, and may give rise to tender swellings (notwithstanding gentle friction) which are persistent and which may break down and form abscesses. Hypodermic injections into the forearm may cause a paralysis of one or more fingers, which does not pass off some time.

On the other hand intragluteal injections are practically painless and the swelling soon disappears, while their effect on the fever is fully as favorable and rapid as in the case of the hypodermic method. In one patient I injected 5 grains to 10 grains of quinin twice a day for six weeks into the gluteal muscles without a bad effect of any kind, and with most satisfactory results in the fever. In the practice of a tropical hospital under my direction, in which cases of pernicious malaria were numerous, we abandoned the hypodermic method for the intragluteal with the happiest results.

Of course the strictest antiseptic precautions must be used or abscess will follow. A sterilizable serum syringe should be used, which should be sterilized after each injection. The skin should be cleansed with turpentine and spirit, and 5 grains to 10 grains of the acid quinin hydrochlorate dissolved in a drachm or less of water, and boiled. The syringe, which before use is washed out with hot water, takes the solution up while hot, and injects it deeply into the gluteal muscles. Finally, the puncture is sealed with collodion, and friction is

employed to diffuse the solution. Although this method is invaluable in severe cases, most people during an ordinary attack of fever would prefer to take their quinin by the mouth.

**SUGAR AS A FOOD IN TUBERCULOSIS.**—As such, sugar ranks prominently since it is a food-material of very great calorimetric value; it can be substituted for oils and fats which are so often digested with difficulty; more so than fat, it prevents loss of proteids, checking tissue destruction. With little precaution, easily obtained, in order to avoid saturation and intolerance, its use in treatment has given very good results. Curiously enough, it was one of the substances most commonly employed against phthisis in ancient practice.

Indeed, the practical value not only in the cure but also in the prevention of tuberculosis, which sugar seems to possess, is really interesting from the standpoint of modern prophylaxis. In sugar a large amount of calories are contained in a very small quantity of material, easily taken, still more easily assimilated and utilized. From the researches of Voet and Leyden 100 grams of sugar contain 383 units of heat. True, its calorimetric value is only about half that of fat, but the latter is not so pleasant to ingest; then, it must first undergo transformation into sugar in the liver before being utilized; so, large doses will soon overtax the liver, which is particularly vulnerable, in a number of cases.

Loss of heat is great in tuberculosis, even during afebrile periods. Analysis by Quinquaud and A. Robin have shown increase in the consumption of oxygen and in the exhalation of carbon dioxide. This loss of calories is still increased during the febrile paroxysms; patients are then very sensitive to cold. Treatment aims at diminishing this expenditure of calories by reducing muscular work to a minimum. But, on the other hand, cure by the open air in permanence, even on damp and cold days, calls for foods readily producing heat in order to cope with the temperature of the exterior. Sugar answers this purpose best, since, in the main, it is the real and unequalled fuel for animal mechanism. Besides, more than any other food, it diminishes catabolism of proteids and the wear of tissues, that grave factor in tubercular cachexia. With regard to this saving of proteids, sugar is even superior to fat.

Under the influence of sugar, Rubner, of Berlin, has seen a decrease in nitrogen-loss reach 47 per 100. Finally, sugar contributes largely to increase bodily weight. Accumulating in the form of fat, it constitutes a precious reserve for periods when alimentation for some reason or other is transiently lessened. In zootechnics the part played by molasses in increasing the growth and weight of cattle, is well-known to breeders. While it is not desirable to fatten tubercular subjects to any excess, it should be remembered, however, that phthisis, as the word indicates it, is cachexia that emaciates, withers and dries up the body. Phthisic subjects stripped, as it were, of their flesh are at the mercy of the least complication. A large number of them, as Arthaut justly remarks, die from gradual emaciation and refrigeration. Sugar, says Prof. Gauthier, represents for them a supply of heat, or to speak in a more general way, a supply of latent energy which, when needed, is at the immediate disposition of the cells.—A. F. PLICQUE, *Journal de Médecine Interne*.

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## Department of Therapeutics.

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In charge of DR. J. A. STORCK, New Orleans.

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MEANS OF CONTROLLING BLOOD-PRESSURE.—Crile points out the defects and limitations of strychnin, alcohol, nitroglycerin, digitalis, and saline solution. Uniform pressure on limbs and trunk by means of a pneumatic rubber suit gives a definite control of blood-pressure of from 25 to 40 mm. Patients may be placed in any position during operations because the blood flows back to the heart regardless of posture. Adrenalin chlorid acts on heart and vessels but not on the vaso-motor center. It must be used carefully in great dilution with saline solution, usually 1 to 50,000. In large doses it may overstimulate the inhibitory mechanism of the heart. This may be prevented by atropin.—*Journal of the American Medical Association*.



**TREATMENT OF SYPHILIS BY INTRAMUSCULAR INJECTIONS OF HERMOPHENYL.**—Nicolle reports excellent results from the intramuscular injection of hermophenyl—sodium mercurio-phenol-disulfonate—in the treatment of syphilis. He injects 2 cc. of the following solution into the upper part of the thigh twice a week.

Hermophenyl.....	0. 1 gram
Distilled water.....	.9 cc.

This should be sterilized in an autoclave. Nicolle employed hermophenyl in this manner in 94 cases, and had only very slight accidents from its use; these he attributes to faulty technic. It does not cause persistent induration of the parts, abscesses, cicatrices, nor symptoms of mercurial poisoning.—*Bulletin Général de Thérapeutique*.

**FOR WEAK HEART**, intermittent or irregular, with precordial pain, irrespective of presence or absence of valvular lesion:

℞ Adonidin .....	gr. $\frac{1}{2}$
Extract of cactus .....	gr. $\frac{1}{8}$

M. Dose: One such pill thrice daily.

If the condition is due to excessive use of tobacco, add to each pill:

Picrotoxin.....	gr. $\frac{1}{40}$ to $\frac{1}{20}$
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—*American Medicine*.

**MECHANICAL VIBRATORY STIMULATION.**—This is applied for stimulation of the nerve or nerve centers concerned in and controlling the diseased organ, which are found principally in the spinal and sympathetic systems, in order thereby to stimulate and equalize blood currents and to stimulate secretion, excretion and the lymphatics. The tendency of the automatic functions of the body is to maintain equilibrium. Pilgrim has found that mechanical vibratory stimulation powerfully assists in accomplishing this. Results are more prompt and satisfactory than after other methods of treatment in neurasthenia and other nervous disorders, in ocular affections dependent on anemia or hyperemia, in goiter, in scoliosis, pelvic diseases (exclusive of pus sacs), in functional disorders of the digestive organs, pruritus, varicose conditions, indolent ulcers, incipient tuberculosis, subacute rheumatism and neuralgia.—*American Medicine*.

**METHYLENE BLUE IN BRIGHT'S DISEASE.**—Leventhal used 4 grains of methylene blue three times daily every other day in

cases of acute Bright's disease, and reports favorable results.—*Vratch*, No. 22.

**HYDROGEN PEROXIDE AS A DEPILATORY.**—According to Dr. P. Gallois, hydrogen peroxide affords a simple, harmless, and painless means of removing superfluous hair. A piece of cotton is wet with the solution, and applied to the region to be treated and left in place for several minutes. The procedure is repeated daily until the desired result is obtained. The hair gets lighter and lighter in color, and finally disappears. Of course, the hair follicles are not destroyed; so that the hair will grow again, necessitating another course of treatment.—*Nouv. Rem.*

**ARISTOQUIN IN WHOOPING COUGH.**—Aristoquin (aristochin; aristoquinin) is chemically diquinin carbonic ether. It occurs as a white, tasteless powder, insoluble in water, and containing about 96 per cent. of quinin alkaloid. According to Dreser, aristoquin in solution does not irritate the gastric mucosa, is twice as powerful in destroying protozoa as quinin sulphate, and in general less toxic.

Dr. H. Stursberg, of Bonn (Germany), has used this new quinin derivative in 18 cases of whooping cough at the University Medical clinic, the age of the patients ranging from five months to six years. Children under one year received 0.05 to 0.1 Gm. ( $\frac{3}{4}$  to  $1\frac{1}{2}$  grn.), older children up to 0.3 Gm. ( $4\frac{1}{2}$  grn.), three times daily, with water. Vomiting or any other untoward effect was never noticed. As for the results, in about half the cases a decided effect was not obtained—partly ascribed to irregularity of administration; in the remainder the course of the disease was very favorable, the number of paroxysms materially diminishing.—*Merck's Archives*.

#### CHRONIC BRONCHITIS IN CHILDREN:

R Ichthyol .....	32 grn.
Glycerin.....	30 min.
Spirit Orange.....	30 min.
Water, to make .....	2 oz.

Teaspoonful three times daily, after meals.

Thiocol.....	30 grn.
Syrup Hypophosphites U. S.....	2 dr.
Wine Cod-liver Oil, to make.....	8 oz.

Two teaspoonfuls three times daily, after meals.

—*Merck's Archives*.

## Department of Obstetrics and Gynecology.

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In charge of DR. P. MICHINARD, assisted by DR. C. J. MILLER, New Orleans.

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PUERPERAL SEPSIS AND ITS TREATMENT.—Dr. William H. Pryor, in discussing the report of some cases of puerperal sepsis before the New York Obstetrical Society, pointed out the great confusion still existing as to the proper application of the term, septic. These cases are not septic unless septic germs be shown to be present, and any treatment applied to these cases where they are septic and which will not control the sepsis is wrong. The method of examining the uterine contents in cases of puerperal fever is well established and of general adoption.

If such a method of securing the contents of the uterus is properly carried out, in only very rare instances will the pus-producing organisms be found to be absent if the case is septic; and in the rarest of instances will they be found if the case is not septic. We all admit that retained products of conception which are undergoing putrefaction changes and which are producing sapremia should be removed mechanically. But suppose a mistaken diagnosis is made, and this treatment for sapremia be applied to a case of sepsis, what is the result? He has found that the mortality from curettage in sepsis is 22 per cent., and one physician even had 59 per cent. The normal mortality from neglected streptococci sapremia is at most 15 per cent., and generally less than that, so we see that where the diagnosis is not correct and the incorrect treatment is applied the mortality is nearly double.—Transactions of the New York Obstetrical Society.—*American Journal of Obstetrics*.

INTRAPERITONEAL HEMORRHAGE.—Dr. Charles S. Cullingworth, who has previously given to the profession valuable literature on this subject, contributes to the November number of the *Journal of Obstetrics and Gynecology of the British Empire* an extensive article dealing more especially with the symptoms following rupture of an ectopic gestation: 1. The fact that at the moment of attack the patient was in her usual health; 2.



The gradually increasing pallor of patient, the gradually rising pulse rate, with a corresponding rise of temperature; 3. The extreme tenderness of the abdomen, this marked tenderness may be observed when there is no visible sign of inflammation; 4. If a menstrual period has been missed or is overdue, the diagnosis of the case is greatly facilitated; but it does not follow that, because menstruation has been regular, rupture of an ectopic sac may be excluded. Of less importance is the detection of free fluid, which is occasionally obtained in patients with thin walls and extensive effusions. On vaginal examination the signs are not very definite. There is often a slight hemorrhage from the vagina. It is now unanimously agreed that in this condition prompt surgical treatment is required. In pelvic hematocele the two most constant symptoms are irregular hemorrhages and pain. The discharge for the most part is dark in color, moderate in amount, fairly thick in consistency and steady in its flow. The pain is usually sudden in its onset and at first very severe, and in a few hours may for the time pass off altogether. Among other symptoms may be mentioned faintness, nausea and vomiting, and an occasional rise in temperature. There are in some cases occasional gushes of bright red blood, but the general characters of the discharge are as described above. This uniformity in its physical characters gives to the discharge a considerable diagnostic value. The appearance of deudin in the vaginal discharge helps to confirm the diagnosis, though, unfortunately, it often escapes observation. No symptom is more misleading than vomiting. It is constantly accepted as proof that the mischief is in the appendix vermiformis, or at any rate, that it is intestinal. Another special point is the occasional rise of temperature. When the symptoms of case of pelvic hematocele are in the acute stage, *i. e.*, during the first attack of pain, or during subsequent attacks, indicative of fresh hemorrhages, he thinks the proportion of cases in which there is some rise of temperature is greater than the figure given. It is rare to meet with a case of pelvic hematocele without at least temporary rises, and sometimes the rise extends to several degrees.

HEART LESION IN PREGNANCY.—At the conclusion of an article on the subject Dr. Wm. R. Nicholson (*American Journal*

of *Obstetrics*) states that there is one point which should be insisted upon more vigorously than is usual in the after treatment of these cases, and that is the importance of a prolongation of the period of rest much beyond that which would have been considered sufficient for the case had it presented no cardiac complications. Not only is such prolonged rest essential to enable the heart to recover as nearly as possible the degree of compensation previously possessed, but, also, because of the probable slowness of involution due to the interference with the venous circulation. It should also be remembered as an additional reason for care at this time that the majority of fatalities from cardiac disease occur, not, as might be expected, during pregnancy or labor, but considerably later. The idea, therefore, that when a labor has been successfully completed the attendant may consider the worst danger as past is absolutely unfounded.

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## Department of the Ear, Nose and Throat.

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In charge of A. W. DEROLDES, M. D., and GORDON KING, M. D.,  
New Orleans.

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INCONTINENCE OF URINE AND ADENOID VEGETATIONS.—The influence of nasopharyngeal adenoids in the causation of the nocturnal incontinence of urine in children was pointed out as early as 1885, by Major, who was of the opinion that 40 per cent. of cases affected with adenoid and tonsillar hypertrophy were thus affected. Other authors claim a smaller percentage, and some deny that there is any relation between the conditions. Etievant, writing in the *Lyon Médical*, August, 1902, is convinced from his personal experience that nocturnal incontinence is frequently due to the presence of adenoids and states that removal of the growths almost invariably relieves the enuresis.

Explanation of the phenomena is variously pointed out as nasal reflex, excess of carbonic acid in the blood, deficient oxygenation of the blood, etc.

EFFECTS OF NASAL OCCLUSION ON THE BLOOD PRESSURE.—Silvia Genta, in the *Annali di Laringologia et Otologia*, gives the results of his experiments upon rabbits to ascertain if there was any effect upon the blood pressure produced by nasal obstruction. Closure of one nostril gave rise to sudden well marked elevation of blood pressure which persisted for a half hour. Closure of both nostrils increased the pressure still more and occasioned some irregularity of the heart. After a certain time the condition became normal. The effect is attributed to interference with the proper oxygenation of the blood dependent upon nasal respiration.

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### Department of Ophthalmology.

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In charge of DRS. BRUNS AND ROBIN.

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ARGYROL, the silver albuminate made by Barnes & Hille, of Philadelphia, and given to the profession by them last May, promises to be of great utility in eye practice. We have used it much of late and can speak from personal experience of its value in all forms of acute or subacute catarrh of the conjunctiva and especially those associated with *catarrhal* ulcers of the cornea. It is valuable in reducing the conjunctiva to a normal condition where senile catarrh exists before operations, or in subduing the traumatic catarrh which greatly increases the risk of infection after cataract extraction, iridectomy and other operations. It is a powerful astringent and is said to be germicidal in high degree, and has the great advantage over silver nitrate of being absolutely non-irritating and painless. It can therefore be used in much stronger solutions than the nitrate; may be dropped into the eye every 2, 3 or 4 hours, and can be entrusted to the patient for home use. A 20 per cent. solution is best for office use, while a 5 per cent. solution may be given to the patient for frequent use at home.



Alt, of St. Louis, says he has used it with brilliant success in ophthalmia neonatorum, and found it valuable in gonorrheal ophthalmia. In these severe conditions the stronger solutions should be instilled every 2 or 3 hours. That it is powerful against the gonococcus seems to be confirmed by the experience of surgeons who are using it with good results in the urethra and bladder. So far, we have used it but once in ophthalmia neonatorum—a mild case, which it checked in 24 hours. It is to be hoped that our confrères will institute numerous experiments to test the value of the 20 per cent. solution as a substitute for the 1 per cent. or 2 per cent. solution of silver nitrate in the Crédé method of prophylaxis against ophthalmia of the new born. Should it prove efficient, its painless and non-irritating properties should render the procedure universal and practically banish the disease from our offices and clinics.

Our observation that the solution passes readily into the lachrymal sac, nasal duct and nose, when it is blown out, staining the handkerchief, suggests that it should be of great use in those cases of lachrymal inflammation in which the nasal duct is not entirely obstructed. In prescribing argyrol the patient should always be warned against spilling it upon the clothing or other things it is desirable not to stain, and should be charged to wash the face and closed lids carefully after its use. Its property of clinging and drying in the roots of the eye-lashes is an advantage in treating hospital patients, who are given to pretending to the carrying out of directions that they have never fulfilled. To secure the best results patients must be directed to hold the lids apart and to permit the solution to work into the conjunctiva for at least 20 seconds before winking the eye. Finally, we can say without reserve that since the introduction of cocain and enzymol, we have used no drug that seemed to promise so much to eyetherapy as argyrol.

## Miscellaneous.

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THE THERAPEUTICS OF ADRENALIN.—At a meeting in Bonn, Germany, of the Niederrheinische Gesellschaft für Natur- und Heilkunde, October 27, 1902, Geheimer Sanitätsrath DR. NIEDEN spoke on the extract of the suprarenal gland: of this there are now on the market seven preparations of by no means equal value. Among the seven the atrabilin of the Mohrenapotheke in Breslau, and the adrenalin produced by Parke, Davis & Co., Detroit, Michigan, are the most active and the best suited to ophthalmic practice. The adrenalin is dispensed as a solution of adrenalin chloride, 1:1000, containing 0.7 per cent. sodium chloride and 0.5 per cent. chloretone. It is a sterile, non-irritating, permanent liquid, and is active when diluted to the extent of 0.0001 per cent. Atrabilin is non-irritating, but less permanent, and more expensive. The other preparations—surprarenin, epinephrin, extr. de caps. surrenales, extr. suprarenale solut.—applied to the conjunctiva cause more or less pain for a short time.

One property is common to all these preparations: in one-half to one minute after their instillation into the conjunctival sac they produce a blanching of the conjunctiva which is far greater than that which follows the application of cocain, and which lasts from one-half to two hours, followed by a reactive hyperemia. First, there is a contraction of the capillaries, which is at once attended by a constriction of the veins, while the larger arterial branchlets are less influenced.

This property is very useful for differential diagnosis, and indicates whether the physician has to deal with a merely superficial irritation and inflammation of the tissue, or with a deeper-seated inflammatory process. No demonstrable influence over the iris and choroidal vessels could be observed. There does, however, ensue, as could be seen from the fluorescent coloring, a distinctly retarded secretion of the conjunctival mucus and a diminution of the tear secretion. Pupillary movement is not affected. Adrenalin re-enforces and intensifies the action of cocain, atropin, eserin, and pilocarpin.

Internally (5 to 30 drops) adrenalin is said to increase blood-pressure and to retard the pulse-beat after the manner of digitalis, hence it has indications similar to those of the latter drug.

Thus, the external application of adrenalin is indicated in ophthalmology, first, as a diagnostic agent; secondly, as a therapeutic remedy, and in all conditions of the superficial membranes which are produced by a disturbed congestion of blood, be they chronic blepharitides, conjunctival hyperemias (especially of a functional nature), spring catarrh, granular conjunctivitis, or especially, the swelling or engorgement of hay-fever. In corneal inflammations adrenalin is similarly indicated where there is too great a supply of blood, as in keratitis vasculosa, pannus trachoma, and in episcleritis, acute and chronic. Clear and pronounced is also the power of adrenalin to produce pressure in chronic and absolute glaucoma, especially in combination with pilocarpin and eserine. The photophobia attended with distressing lachrimation is favorably influenced by the reduction of tear secretion following the use of the remedy; similarly, the contraction or lessened swelling of the mucous membrane produced by adrenalin in the nasal duct materially facilitates the passage of sounds. But the greatest praise must be bestowed on the hemostatic power of adrenalin in operations on the connective tissue: this power renders possible (through the simultaneous use of cocaine) the attempt to advance the muscles in an operation for squint, while keeping the field of operation completely and perfectly free from blood, the operator thus being enabled to work with the greatest accuracy, as is necessary in such cases. The same is as true of pterygium operations. Further, a more profuse and subsequent hemorrhage is not to be feared; if it actually occurs, it can be very easily checked. The direct introduction of adrenalin into the veins is to be avoided, for when attempted it gave rise, in the speaker's observations, to symptoms of collapse and disturbances of the circulation and respiration.

There can be no doubt that the extract of the suprarenal gland has gained its naturalization right to a place on the office table of the ophthalmologist, and that its action prompts us to test it further when internally administered.

—*Therapeutic Gazette.*



THE INFLUENCE OF LIGHT ON THE GROWTH OF HAIR.—*Dr. Schmidt, in Archiv. für Dermatologie und Syph.*, writes that It has been proved that the hair of the head and the beard, as well as the nails grows more quickly in the warm periods of the year than in the cold. As to the cause of this phenomenon, a certain importance has of late been ascribed to the so-called chemical rays of the sun. According to some observations made in the Finsen Institute in Copenhagen, the strength of these rays has been shown to be much greater in summer than in winter. It has been observed in some cases of lupus, which have been treated according to Finsen's method, with concentrated chemical rays, that increased growth of hair appeared in the vicinity of the parts treated, after recovery from the reaction caused by the exposure. Moreover, several female attendants who were in the habit of exposing their forearms to the rays during the treatment of patients, acquired an increased growth of hair on the exposed parts of their arms. Hence it has been assumed that the chemical rays stimulate the growth of hair, a fact, if proved, which would be of great therapeutic importance. The proof of this, however, is not yet apparent. It is possible that the inflammation caused by the rays, which brings about an increased supply of blood, and by that means an improved nutrition in the skin, plays a part in this phenomenon. It is not possible to ascribe to the chemical rays a specific, hair-stimulating influence, as the *vicinity* of the places treated with the rays is the only part affected. It is possible to suppose, as has been said, that the inflammatory hyperemia acts favorably for the growth of hair through a better nutrition of the skin. But it is still difficult to understand why the Röntgen rays, which also cause an inflammatory hyperemia of the skin, cause falling out of the hair quite regularly, in spite of this hyperemia.

Schmidt has made some experiments on guinea pigs to determine the influence of the chemical rays on the growth of the hair, by epilating a particular portion of the skin, and then observing whether the hair grew more quickly with or without the influence of the chemical rays. From one of these experiments it appears that the chemical rays had an inhibitory influence on the growth of the hair; and from none of the experiments could it be deduced that the chemical rays had a stimulating influence on the growth of the hair; for the epilated

places were either equally well covered with hair after the same time, whether or not the animals were exposed to the action of the chemical rays, or a difference was shown which could be explained as an individual peculiarity in that the animals which, for example, showed a heavier growth of hair under red light than those which were exposed to sunlight, also showed the same appearance by daylight when the experiment was reversed.

Two cases of alopecia areata treated by the light method are reported. Jersild, regarding alopecia areata as a parasitic affection, ascribes the three following characteristics to the chemical rays: A bactericidal, a hair-stimulating and an inflammatory characteristic. He declares that the reaction caused by the rays must remain within the boundary of the weakest inflammation to avoid scarring and permanent baldness. Of these three characteristics, the bactericidal and inflammatory alone have been experimentally proved, while the proposition that the rays produce an increased growth of hair rests solely on the observations that have been referred to, *e. g.*, a stronger growth of hair in the neighborhood of lupus patches that have been treated.

Of twenty-nine cases of alopecia areata treated, in the Copenhagen Institute, six remain without result. One of Schmidt's cases was treated with concentrated, the other with diffuse light, yet the reaction was the same in each; that is, a reddening of the skin, followed by scaling, was produced in both. The therapeutic effect, however, was quite different. In the first case, which was treated only seven times, from a quarter to a half hour, the normal growth of hair appeared in a few weeks. In the second case, which was treated twelve to sixteen times for an hour, there was a rapid falling of the hair after a few weeks, resulting in almost total baldness. The hair from other parts of the body also fell. The second case, however, had appeared to be of a much more malignant nature before the treatment was begun than the first. Schmidt thinks it possible that the second case may have been of a trophoneurotic character, and in this way may be explained the six negative results in the twenty-nine cases reported from Copenhagen.

As regards the more rapid growth of hair and nails in summer, no attempt is made to ascribe this to the action of the chemical rays. The warmth and its stimulating action on the

blood supply and secretory functions of the skin, probably play an important part in this phenomenon.—BOWEN, *Journal of Cutaneous Diseases*.

HOW NOT TO BE NERVOUS.—Nervousness seems to be the stepchild of medical practice—somewhat disliked, half understood, certainly neglected. For the average practitioner no problem in the theory of organic disease is too profound for attempted solution, no law of life too exalted for his aspiration, no bacillus so small as to elude his pursuit, but with such a triviality as nervousness, its nature, prevention and cure, he seldom seriously occupies his mind. To acquire a working knowledge of the brain is too much bother. To ponder the plain facts of heredity, development and child-rearing is too uninteresting. To cultivate a familiarity with the various passions and emotions, to search out manners of thought and feeling, or even to discover the dominating element in the life of a patient is quite impractical. To take the time to counsel those about to marry or to instruct the mother how not to spoil her children; to caution the father about his erratic son and to give detailed instruction how to make him stable; to talk seriously to the young woman who is “all nerves” and lives in her emotions; to reason clearly and forcibly with the head of a family who is preparing himself for a premature break down—these are minor matters pertaining—to whom? to what? God knows, the physician does not. And yet if you will stop for a moment, take your finger from the pulse and your hand from the scalpel, your eye from the microscope and your thoughts from the microbe, I think you will agree with me that these trivialities contribute quite as much to human suffering and disappointment as do the infactions, inflammations and neoplasms in the long category of human pathology. No apology, therefore, is made for the following remarks on that pest, nervousness. My regret is that an abler mind is not here to do the subject justice.

The initiative of all therapeutics should be prophylaxis; prevention is paramount to cure. The first and most effective preventive of nervousness is a reasonably long line of first-rate forebears. Like begets like, and the nervous system bows to the law of all life—the law of heredity; the law that governed



your birth and mine and laid a heavy incubus on some of us; a burden of unstable nerves and abnormal susceptibilities; a burden that endures even unto the third and fourth generations.

To be able to present a specific illustration of the force of inheritance in the genesis of functional nervous affections, I have tabulated from my office records one hundred consecutive cases which might be included under the general term "nervousness," and I find that in 70 of them a neurotic heredity has been in evidence. Although a bad heredity is the most frequent and most potent factor in the production of nervousness, knowledge of this fact is not to lead us into apathetic resignation, but rather make us face the difficulty with wise determination. The poor victim, instead of being allowed to dissipate the modicum of stamina a bitter fate has been given him, is first to be shown just what his capital is, and then is to be taught just how to make the most of it.

Next to the omnipresent, inevitable laws of inheritance comes the never-ceasing formative power of environment. The impress of extraneous influences begins at birth and ceases only with the extinction of life, but childhood and youth are the plastic stages. Here, as elsewhere, the result equals the force divided by the resistance. "As the twig is bent the tree's inclined," and second only to the mystic law of birth, which decrees that the nervous system shall have this or that potentiality, is the force that guards or mars its early growth. Unfortunately, in too many instances the unstable and may be irrational parents who gave to the child his poor nervous apparatus are the ones who guide, or misguide, his early steps into the perdition of nervous wreckage. To look on such a child with the assurance that he is growing up to be the victim of nervous unbalance, inebriety or insanity, should not be idly to feel the despair of conscious impotence, but should be coexistent with an effort to avert the disaster. Wherefore, I beg to say a few words that bear particularly on nervousness in the child and its avoidance, but with this understanding, that they apply most equally to the adult, and that what is said later about grown people applies to children to the extent of their development.

For preventing nervousness in the child or removing that already present, nothing is so effective as the toughening of the body and mind. The frequency with which I hear from a ner-

vous patient that "she was never strong," "he was a delicate child," "she was always sickly," etc., is truly startling. A child who is made to have hard muscles, strong lungs and a vigorous digestion; who can bear changes of temperature and endure pain is already a long way from nervousness. More important still is toughness of psychic fiber. The child who can support disappointment, who can be "crossed" without a tantrum, and who habitually obeys is building a bulwark against "nerves," and the one who is not easily frightened, has self-control and a budding courage has nipped half a dozen neuroses in the bud. But to procure this toughness, be it understood, a certain exposure to bodily discomfort and mental hardship is necessary. This world is no "Happy Valley," and children brought up like Johnson's Rasselas are as little happy and as little able to cope with the realities of life as was that puerile prince. Many a father whose rugged rearing has given him a robust frame and a sturdy nervous system takes infinite pains and pleasure in denying his sons the very training that made a man of him. His unwise love strangles in infancy whatever of sterling qualities he may have transmitted to them.

Two capital errors in the training of children frequently come to my notice; errors that prepare the little unfortunate for later nervousness or fairly drive him into it. They are, first, leading the child into pleasures and duties beyond his years; second, magnifying his importance in the family and society. It is quite as dangerous to give to children the pleasure of adults as to require of them the labor of the mature. That there is a physical basis for all intellectual processes seems sometimes to be forgotten. Successive groups of brain cells and fibers come into existence with the successive years, and before the birth of these tissues certain psychic functions may not naturally exist. To force mature functions from an immature organism is to violate the virginity of Nature—a crime daily committed in the home and in the school, to be expiated in the sick-room, sanitarium or asylum. In the beginning, the fault generally lies in a mixture of vanity and ignorance on the part of parents. They wish their children to excel in attainment and they like to see them indulging in all the pleasures and excitements of our complex social existence. Later, the young person whips himself on to ruin. To instance only one disaster: the annual casual-

ties following graduation from hot-house schools and colleges easily outnumber those of the whole disastrous camp life and battles of our late Spanish war.

As regards the second error just mentioned it has seemed to me that if deliberately planned and scrupulously executed, the bringing up of some children could not better promote what I venture to call centripetal development—development centering in self. The child is not only made to be, but is made to know that he is, the focus of all domestic doings, the hub of the family wheel. Every sensation, perception, conception and emotion is an event. The unlucky youngster develops with a distorted view of the relation of things. He sees enormously enlarged images of his tastes, his clothes, his pains, his likes, his aversions and his talents. These proportions do not fit the facts of existence and the unfortunate individual is as sure to be caught in some form of nervousness as is one to go astray in a labyrinth of grotesque mirrors.

I must note one more point on prophylaxis of the neuroses in children, a point already lightly touched, and then we shall leave the little people—much as I should like to linger. In one form or another fear enters into the makeup of nearly every sort of nervousness. It paralyses judgment, ambition and the higher emotions. Childhood should be absolutely fearless; fearless for self and the future. That the young should have no fear of man or God, no thought for the morrow is natural and proper. It is natural and wholesome that the child should have no regard for his organs, no knowledge of Hygienic rules, no conception of the significance of pain. When the parent makes the child a party to his apprehensions, confides his prescience of ills and communicates the ominous augury of bodily symptoms, he is assiduously rearing a little hypochondriac who will live to condemn the parent who made him a burden to himself and a curse to others. Fear of the dark, of thunder and lightning, of animals, burglars, accidents, spirits, devils and death is born of parental foolishness, and is always potentially the seed of latter nervousness. Quite recently a physician, who for many years has had at intervals typical and intense agoraphobia with fear of sudden death, told me with the utmost naiveté that when a child he never could sleep alone. It seems never to have occurred to him that if he could not sleep alone it



was because he was allowed to have such a fear, or, quite as likely, because the parents carelessly or deliberately planted fear in his infant mind.

After birth and bringing up, after the facts of heredity, childhood and youth comes adult life—the life of man and woman. But they are as children still, mutable, mobile, imperfect always, swayed by a thousand influences, slaves to countless circumstances. How shall they manage not to be nervous? By proper living; proper working and playing, eating, drinking and sleeping; above all, proper thinking and feeling.

Labor may have been a calamity to Adam and Eve. Nowadays it is no curse, but the bright particular star of health and happiness. To have a wholesome ambition and to work with enthusiasm for its fulfilment, these form the very essence of a vigorous existence. Fortunately, man is now so constituted that to work and work with an object, is a function necessary for his completeness. To cross this dictum of Nature is to suffer—physically, mentally or morally, in many instances nervously. Many an invalid would be well to-day if he had a worthy purpose in life and happily labored for it. Many a hysterical woman would be stable and strong had she consistently striven with singleness of aim for a laudable object. The purposeless idler is ever a weakling in unstable equilibrium, upset by every vagrant mood.

To say that overwork is not a very frequent cause of nervousness is frankly to enter the ranks of heterodoxy, but my experience is that work, hard work, is wholesome. To work hard is to get tired; to work too hard is to get too tired; but I seldom see the familiar spectacle of nervous breakdown due to work alone. It is the un wisdom that goes with the work. It is worry, the strain of doubt, the wear of ungratified ambition, the depression of failure or the passionate play of other emotions that makes the nervous wreck.

Though man's nature demands work for his development and equipoise, it none the less needs play. Long before the birth of physiology it was known that the greatest efficiency of any living tissue was attained by alternating activity and rest. The cycle of the seasons, the night following the day, the succession of blossom, fruitage and quiescence, the universality of holidays, are so familiar as to cause no thought, but all life is

attuned to this wonderful rhythm of action and repose. Even the busy heart that never ceases throbbing day or night from birth to death, so beats that every contraction is followed by a period of rest almost twice as long. That is, a healthy heart works only about one-third of the time. What is a good law for the heart is not a bad rule for the brain, but for this complex creature called man, something more than mere rest is necessary. Besides relaxation, we must have diversion, amusement, fun, if you please. We must play if our work is to be effective and long sustained and if we are not to be nervous.

The advisability of reasonable eating, the pernicious effects of alcohol on the nervous system and the havoc wrought by drug habits are so universally recognized as to need no mention. With respect to diet, however, I cannot refrain from noting one bad habit that has seemed to me to be very frequent in nervous people and to contribute materially to their troubles. I mean the starvation habit—the obsession, born of poor doctors or officious friends that makes the victim eschew one article of food after another until he is trying to exist on Fakem's nularine and Buncombe's cereal.

Of all nervous sedatives and tranquilizers of mankind none equals "tired Nature's sweet restorer, balmy sleep." Sancho Panza truly said, "it is meat for the hungry, drink for the thirsty," and, as a matter of fact, we know that one can live without sleep just about as long as he can live without food. Children should be encouraged to sleep, young people should be made to sleep and the nervous person should be taught to sleep. The sins of parents who carelessly or designedly shorten the children's sleep hours is only equaled by the folly of grownups who deny themselves sleep for the sake of business or pleasure. Alarm clocks are an abomination unto the brain and an evidence of hygienic evil.

A deal of nervouness is caused or helped along by misdirected energy, misplaced worry, longing for baubles, the fighting of phantoms. To recognize the really important things in life is one of the most difficult tasks of judgment that come to the individual. Having settled on the essentials, it is perhaps equally difficult to ignore all else. This is certain; the man or woman who can early reach a wise decision in the matter and then steadily follow the tenor of this decision could not be

nervous, even with the aid of ancestors and the connivance of parents. Fretting over non-essentials, striving for objects not worth the having, fright at empty forms, looking inward at little self instead of outward at the greatness of creation—these are the follies that keep us nervous. And closely allied to them is the nervouness of indecision—the demon of reconsideration. How many thousands of people have worn themselves to nervous shreds by turning over and over the same problem, reaching again and again the same conclusion. It is well worth while to acquire a habit of prompt and definite decision. To allow one's self to reopen settled questions begets a habit of doubting one's ability, or even reliability, pernicious in the extreme.

If to define for one's self the really great and valuable is important, equally so is the determination of one's own place and one's own value. Realization of the fact that the individual is merely a minute item in a limitless cosmos, at most a not very important integer in a complex society, should be the first step toward a rational adjustment of values on which must rest that serene placidity which is the antithesis of nervousness. To be plainer still, the person who is brought up, or brings himself up to feel that he is of paramount importance; that his feelings, wishes and opinions are always entitled to prompt consideration, is on the very highway to nervousness. He is doomed to much disappointment; many rude shocks to his sensibilities breed a gnawing bitterness of spirit; he naturally gravitates into the neuropathic vice of introspection. To develop the conception that he is peculiarly constituted; that he is a wonderfully unique organization of finer mechanism than his fellow-mortals, is continuously calamitous for any one. As a matter of fact, one man's stomachache is much like another man's colic, one woman's aversions about as strong as another woman's antipathies, A's grief as keen as B's sorrow. The perfectly normal individual carries as part of his innermost consciousness the knowledge that pain, tears and troubles come to all, and that what has been borne by man for countless ages, can be endured again. Such knowledge, too, must in part form the natural base of true altruism and effective ethics. That lofty ethics should constitute a goodly plate in the armor against nervousness, is seldom mentioned, but prac-



tical experience has time and again taught me that sincere love of truth, justice and self-control is a mighty help in the fight against nervous instability. Of particular value are a clear appreciation and uniform practice of the exact truth. They are the best protection against nervous trouble, whose essential feature is repeated exaggeration and self-deception, if not deception of others.

Sooner or later, consciously or unconsciously, every ambitious person must make a more or less deliberate estimate of his ability. Blest be he who does it early and accurately. Ambition is a wonderful force and makes for progress; emulation is an excellent stimulus, and industry better than both; but in excess, the combination has worked the ruin of many. The young man of high aims who wishes to rival the success of a Lincoln, an Astor or a Virchow, and who thinks that the only necessary conditions are industry, honesty and frugality, makes an egregious error. He reckons in ignorance of two stupendous factors, physical endurance and mental capacity. These are facts as indubitable and as inevitable as death itself. It must come to every physician, it certainly comes frequently to me, to explain to the nervous student that because his colleague can keep well on five hours of sleep, is no reason why he should be able to do the same; to show the irritable, sleepless business man that even if his competitor can work fifteen years without a vacation, he can not do likewise; to convince the ambitious Mrs. X that she simply is not equal to the attainment at the same time of domestic excellence, social eminence and philanthropic distinction, as is the brilliant Mrs. Y.; and to tell the disappointing truth to many that although some fortunate are given master minds in master bodies, this gift is not for all, and that to spur on the weary faculties, is to drive to ruin. Still, if one must plainly see that his talents are far below the maximum, even far below what he had hoped and believed, why should he dissipate what he has in attempting to be what he is not and in fretting because he can not? How many of us exhaust ourselves and wear out our friends by chafing against the chains of the unalterable! Imperturbability is a prince of peace.

Of especial danger is the weakness of being ruled by the feelings—by emotion rather than by reason, by impulse rather

than by judgment. In the bitterness of recognized folly and acknowledged frailty, Burns wrote for his own epitaph:

\*                    \*                    \*                    \*                    \*

Is there a man whose judgment clear,  
Can others teach the course to steer,  
Yet runs himself life's mad career  
    Wild as the wave;  
Here pause—and, through the starting tear,  
    Survey this grave.

The poor inhabitant below,  
Was quick to learn and wise to know,  
And keenly felt the friendly glow,  
    And softer flame;  
But thoughtless follies laid him low,  
    And stained his name!

Reader, attend—whether thy soul  
Soars fancy's flights beyond the pole,  
Or darkling grubs this earthly hole,  
    In low pursuit;  
Know prudent, cautious self-control  
    Is wisdom's root.

If this was written with the plaintive note of a sensitive spirit prisoner to turbulent passions, it was also written in the light of a keen perception. A principle of human development is bound up in the lines. The head is to guide the heart. Impulse and emotions are to be governed by knowledge and wisdom.

Inhibition should never sleep. Exaggeration of the instinct of fear and apprehension not only makes people nervous, but is nervousness itself. The thousand and one needless worries over the future are simply providence for the morrow gone mad. Fear of disease and death is normal, but to allow the mind to dwell on these fearsome things is to become a hypochondriac with no more stability than the leaf on the aspen. To shrink from pain is as natural as hunger and as necessary for the preservation of the race, but to be a slave to suffering is to be a nervous wreck. Pain should be a signal officer only—to inform, never to command. Even the goodly emotion of parental love must not be too exuberant. How many mothers become mere bundles of nerves through needless fussing about the children, and how often a father falls into presenility from the strain to feather the nest superlatively well. To weep is normal, but the one who never restrains the impulse to cry ultimately becomes flabbily lachrymose, a nuisance to self and

others. Every human being has, now and then, a "fit of the blues," but he who allows himself to be regularly dominated by mental depression becomes an enervated personification of gloom, a victim of the most distressing form of nervousness.

To sum it all up, if you wish never to be nervous, live with reason, have a purpose in life and work for it, play joyously, strive not for the unattainable, never regret the unalterable, be not annoyed by trifles, aim to attain neither great knowledge nor great riches, but unlimited common sense, be not self centered, but love the good and thy neighbor as thyself. —HUGH T. PATRICK, M. D., address before the Mississippi Valley Medical Association—*Journal of American Medical Association*.

THE MANAGEMENT OF INTESTINAL OBSTRUCTION—In a lecture on the recognition and treatment of intestinal obstruction, reported to the *Clinical Journal*, LOCKWOOD says that the temptation is great in cases of supposed intestinal obstruction to put the question to the test by giving purgatives by the mouth. The author considers this a most hazardous and dangerous proceeding, and a grave complication of surgical measures. By increasing the peristalsis of the intestines, purgatives excite pain and turmoil, and may increase the vomiting and exhaustion; the violent peristalsis which they excite is more likely to aggravate the effects of a mechanical obstruction than to overcome it; next, they fill the intestines above the obstruction with fluid and gaseous contents, and aggravate the abdominal distention; and last, they are a source of peril when the obstruction is relieved by operation. The following is not an uncommon history. A carcinoma of the rectum is causing increasing difficulty in emptying the bowels. At first this yields to aperients but at last a time comes when aperients fail and no flatus or feces escape. Stronger aperients are given, and the abdominal distention is increased. Inguinal colotomy is performed. The sigmoid flexure is tight almost to bursting, all its coats inflamed, the peritoneal beginning to tear, the muscular coat paralyzed, and the mucous membrane ulcerated. An artificial opening has to be made forthwith. Enormous quantities of liquid feces escape, and continue to flow until the patient succumbs. Inasmuch as the fecal discharge does not take place by the



natural passage, this is not called a death from exhaustion brought about by purging, but is not infrequently attributed to the operation. Now the mortality from inguinal colotomy performed under favorable conditions cannot exceed one or two per cent., whilst under the foregoing it is extremely fatal.

On the other hand, enemata are safe. If they fail the fluid is on the right side of the obstruction and merely comes back again. The faintness, vomiting, or the erythema which occasionally follow enemata need hardly be taken into consideration; neither a medical man nor an experienced nurse is likely to injure the rectum.

The test may be considered satisfactory if two enemata have been tried without anesthesia and one during anesthesia.

In intestinal obstruction the non-passage of the flatus or of feces is speedily followed by abdominal distention—with the advent of distention the gravity of the case is immeasurably increased. Its presence diminishes the chances of relief by enemata. As the late Grieg Smith argued, the tightly distended coils of intestine obstruct one another. Next, it is difficult or impossible after distention has supervened to localize the seat of obstruction. Even an intussusception becomes obscured, or an intraperitoneal abscess, or a carcinoma of the cecum or of the sigmoid flexure. Now all surgeons would agree that the chances of a successful operation are vastly greater when the abdomen is slack, and when the operation has a clear objective, such as an easily felt tumor. Whilst performing laparotomy the writer has failed on more than one occasion to find the seat of obstruction, owing to the extreme intestinal distention, but now feels less dread of extruding and emptying the distended bowels. The distention often necessitates that serious addition to the operation, namely, the incision and emptying of the distended coils. He has had to do this twice during the past year. An infant recovered after the jejunum and ileum had been emptied. An adult died after similar proceeding, but his acute obstruction had lasted for eighty hours before it was relieved.

Distention has also another evil effect. We are all familiar with the paralysis of the urinary bladder which follows retention of urine. After the stretching the muscular coats refuse to contract, and catheters have to be passed. Now the muscular walls of the intestine suffer in the same way from gaseous

and fecal distention, with the result that after the cause of the obstruction has been relieved by operation and an adequate passage of flatus and feces does not take place, vomiting continues, and the patient dies. When it seems probable that distention paralysis is established, a temporary opening has to be made in the cecum or small intestine.

—*Therapeutic Gazette.*

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## Society Proceedings.

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### Orleans Parish Medical Society.

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DR. E. J. GRANER, President; DR. S. M. D. CLARK, Secretary.

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MEETING OF FEBRUARY 14, 1903.

DR. GRANER in the chair.

DR. GORDON KING read a paper on *Adenoma of Palate.*

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#### Adenoma of Palate.

DR. GORDON KING, New Orleans.

Austin, J., a male negro, 46 years of age, a field laborer, married, has no children; no remembrance of previous sickness, excepting urethral stricture. Had never been subject to sore throat until August, 1901, when he began to experience a soreness on right side upon swallowing and soon after noticed a change in the tone of his voice and a sensation of swelling in the throat. He paid little attention to this, however, until he went to a physician to have an aching tooth extracted, and he was told that he had a tumor of the throat. He was afterwards examined by Dr. F. E. Girard, of Lafayette, who advised him to come to the Eye, Ear, Nose and Throat Hospital for treatment. He came under my observation April 28, 1902, presenting the following conditions: Breathing noisy and difficult,

sleep impossible in reclining position on account of marked embarrassment of respiration, voice nasal and almost unintelligible; considerable difficulty in swallowing, but no pain.

A large, smooth, circumscribed tumor was found to occupy the right half of soft palate, pushing the vulva over to left side and hanging low down upon the base of the tongue. The mucous membrane of the palate was not involved and the entire mass appeared encapsulated within the substance of the velum. Removal of the growth was effected with the patient in the sitting posture, local anesthesia and hemostasis being obtained by injection of cocain and adrenalin in combined solution. A vertical incision through the mucous membrane permitted the growth to be easily enucleated with its sac. But very slight bleeding occurred and the palate wound was immediately closed by suture. Uninterrupted recovery.

This case presents the typical clinical picture of adenoma of the palate, and such is my diagnosis, despite the fact that a histological examination gave us the report of epithelioma. This palpable error was quite natural, as the pathologist was ignorant of the clinical features of the case, and as these adenomata have many points of resemblance microscopically to malignant tumors.

To quote from Sutton: "Adenoma of the palate is complex in structure and in histological features mimic cancer. While the stroma strongly resembles sarcoma, epithelial pearls are abundant." Thus, from a purely microscopical point of view, adenoma of this region may easily be mistaken for epithelioma or sarcoma. The clear cut clinical and macroscopical characteristics of the growth, however, and the fact that it is one of the most frequent tumors of this region, make the diagnosis comparatively easy.

CASE 2. Rosa F., a negro woman, 25 years of age, native of Natchitoches, married, has two children; hereditary and personal history of health good; had diphtheria when twelve years of age, no further throat disease since until beginning of present condition. In April, 1899, she consulted Dr. Stevens, of Natchitoches, about a swelling that had appeared under the angle of the jaw, left side. He discovered, in addition to this, what she had not suspected, a tumor in the tonsillar region of the left side, apparently involving the fauces and palate above



the tonsil. She was referred to the E., E., N. and T. Hospital, where she presented herself May 11, 1899. Patient could only speak in muffled voice, could open the mouth but little, and experienced difficulty in swallowing. Some swelling and induration were noticeable in submaxillary region and patient complained of occasional pain in ear on that side. General condition excellent. Tumor was smooth and round, soft to the touch and gave sensation of fluctuation; aspiration showed absence of fluid; mass was slightly movable and not attached to maxilla.

Dr. Matas was asked to see the case and advised extirpation. This was subsequently done under cocain anesthesia, a crucial incision being made over the mass and an encapsulated tumor removed. Rather free hemorrhage occurred, but was controlled by packing the cavity with gauze. The wound was only partly closed with sutures, the cavity kept packed with gauze for a week. At the end of two weeks the patient was allowed to go home. No recurrence has taken place to this date.

The sac of the tumor was filled with friable granular tissue, readily shelled out and not at all vascular. No microscopical examination was made, but the macroscopical appearance and clinical history were that of adenoma.

#### DISCUSSION.

DR. DUPUY insisted that the physical appearance of growth was not to be relied upon. Frequently cases that to all appearance are malignant when examined microscopically are found to be benign.

DR. LEMANN spoke of the importance to the pathologist of having a history accompanying the specimen for examination; especially was it of importance that the pathologist should know the region from which the growth had been taken.

DR. LAZARD mentioned the fact that gumma frequently puzzled microscopists, and he believed the second case might have been a gumma, the microscope being unable to differentiate from certain other neoplasms.

DR. KING, in concluding the discussion, said that no mistake could be made in the differential diagnosis between adenoma and gumma, since the latter involves adjacent mucous membrane, is never encapsulated, and is surrounded by some inflammatory area.

DR. A. JACOBY next read a report of

**A Case of Infection by the *Bacillus Coli Communis*.**

The practitioner is often confronted by cases with fevers of long standing which, resisting all efforts to be eradicated, baffle both his skill as a diagnostician and as a therapist. It is the peculiarities of the existing condition and these types of infections that are the cause for anxiety and an aspect of alarm for the attending physician. There is hardly anyone who, having a fever case which has resisted the usual modes of treatment, does not feel discouraged by the existing unpleasant state of affairs.

The continued fever to-day has many causes and, as the research of the scientist goes farther and deeper, we must look forward with expectation that additional causes will be discovered. It is only within the past year that the paratyphoid bacillus has become recognised, its action understood, and its tendency to produce a fever similar to that of typhoid radically proven.

It is not long ago that all continued fevers were thought to be due to the malarial parasite and there are still some physicians, especially in the country, whose ideas have not changed materially in that direction. Indeed, the practitioner could not understand why the existing fever did not yield to quinin and show a tendency to defervesce. But now, with the ever-increasing light on the subject, we have been able to make the proper diagnosis and enter upon a line of treatment most efficient for success.

The case whose history I shall relate is of particular interest on account of the fact that it resembled typhoid fever so closely. So much so was this noticeable, that it was only the negative reports of Widal's reaction and the presence of the bacillus coli communis in large numbers in the urine that made a positive diagnosis.

The patient was a white male, aged fifty years, a laborer by occupation and of irregular habits, admitted to the Charity Hospital on November 7th, 1901. He had been working on the railroad in Texas, when he was taken ill with a fever which worried his attending physician and resulted in his determination to come to our Hospital for treatment.

The patient stated that he had been drinking nearly any kind of water, from ditch to well water. He had been suffering with malaise, which continued to increase and compelled him to take to his bed.

His condition on admission was one of depression and he seemed greatly exhausted by his trip. He had diarrhea, temperature about 110 deg., pulse rapid, tongue slightly coated and pointed, and face flushed. His abdomen was distended, there was slight gurgling in the right iliac fossa, and a tendency to nausea.

Examination of lungs revealed nothing abnormal, of heart an aortic obstructive murmur, spleen very much enlarged, and liver slightly increased in size. The external picture of his condition seemed to preclude a positive diagnosis of typhoid and the appearance of an intense erythematous eruption on his chest, abdomen, and back seemed to justify our conclusion.

The blood was examined for malaria plasmodia twice, for Widal four times and the scraping of the spots for the bacillus typhosus, as well as the urine with negative results, so that it was determined to seek elsewhere for a diagnosis. The urine was then sent for examination for the colon bacillus and a positive report was returned. The urine examination showed the presence of an inflammatory condition of the kidneys.

The treatment throughout was naphthalin, grs. XV, strychnin sulphate gr. 1-30, every four hours. Ice bag to head and abdomen for temperature and high ice-water enema if indicated, to be repeated in an hour if the previous one had not been effective. He was also given at times gr. 1-10 calomel every hour. The temperature, however, never rose above 102 degrees F. and began steadily to decline a week after his admission until November 23d, sixteen days after he entered the ward, when his temperature rose suddenly to 104 degrees F. His respiration was increased, he began to cough and complain of a severe pain in his left side when he breathed deeply.

Examination of chest revealed a lobar pneumonia at the base of his right lung and at the middle of the left lung, together with pleuritic friction sounds about the same region. Ice bags to the affected areas was ordered and the patient stimulated, as well as the iodide of ammonia, grs. V, given every four hours. The sputum was found to contain the pneumococci. He died



two days after the onset of the pneumonic condition. The post-mortem report was as follows:

Heart.—Atheroma of aorta, aortic and mitral valves. Organ yellow in color and fatty on section. Weight, 13 ounces.

Lungs.—Right, pneumonia at extreme base. Left, adherent and pneumonia at lower extremity of upper lobe. The weight of the right lung was 20 ounces; of left, 18 ounces.

Spleen.—Enlarged and intensely congested, of a deep red color. Weight, 9½ ounces.

Liver.—Intensely fatty, pinkish in color on section. Gall bladder full. Weight, 4 pounds.

Pancreas—Normal. Weight, 2 ounces.

Small Intestines.—Ileum and jejunum mucous membrane congested. No inflammatory process in Peyer's patches.

Kidney and Capsule.—Congested. Both organs granular on section and capsules adherent. The right contained infarct of cream color on section. Right weighed 6 ounces and left 6 ounces.

We are to conclude, therefore, that it is the duty of every physician to examine the urine as well as the blood carefully and frequently in every case of continued fever. An accurate diagnosis is of most valuable assistance in treating a case and is the preventive of much worry and many a severe heartache. I believe that many of our cases of auto-infection are cases of infection by the *Bacillus Coli Communis*, and feel that an examination of the urine would prove the correctness of my hypothesis.

No discussion.

DR. LANDAUER reported a case of "*Syphilitic Enclytis with Atony of Intestines and Bladder.*"

#### DISCUSSION.

DR. STORCK wanted to know if there was any blood in the stools.

DR. LANDAUER replied in the negative.

DR. ASHER asked if the patient had lived in the premises any length of time, and if the drinking water had been treated for lead.

DR. STORCK wanted to know at what period of time the abortions had occurred.

DR. LANDAUER did not know.

DR. NELKEN related a case which he now had under treatment, of a child from the country which five weeks ago began suffering from an enlargement of the parotid gland. The child had now been under his treatment for two weeks, and he was somewhat in doubt as to the correct diagnosis. He thought most probably it was mumps, but would like to hear the case discussed by the members of the Society. The swelling was not painful; there was no constitutional reaction, no fluctuation, no evidence of pus formation; it was not malignant or specific, and he was at a loss to know what it was, if not mumps. He had treated the swelling by having applied an ichthyol ointment, also massage. At the end of the third day the swelling showed evidence of becoming smaller.

DR. PERKINS next exhibited a case of carbolic acid burn of both his hands and wrists which was caused by accidental pouring on of carbolic acid. While at a case of labor, in preparing his hand for examination, he asked an attendant to give him a bottle of alcohol, which was on a table in the next room. The contents of a bottle was poured on his hands and wrists and freely rubbed for about forty-five seconds, when he began to feel some pain and peculiar numbness of the hands. He recognized that he had been given the wrong bottle by mistake and called at once for the alcohol, which was liberally applied and rubbed all over the surfaces which had been affected by the acid. Dr. Perkins stated that he was able in a short while to complete the examination satisfactorily, but the pain had prevented further attendance on the case. An erythematous blush and some desquamation still remained, but Dr. Perkins was sure that the alcohol had saved him from the extensive sloughing which would probably have followed burn if untreated.

DR. DABNEY related the case of his son who had received an injury of the leg, followed in a few days by chills and fever and erysipelatous inflammation. He applied a warm poultice for the relief of the pain, then summoned one of his surgical confrères, who strongly advised the use of carbolic acid and alcohol to destroy the acute lymphagitis. The surgeon painted the surface with the acid, leaving on for three minutes before employing alcohol. An ichthyol ointment was next applied and the leg elevated and put at rest. In the course of a few days, the

skin sloughed, leaving quite an extensive superficial ulcerating surface, which had to be treated by the usual method. Dr. Dabney believed that there was virtue in the use of alcohol and carbolic acid, but great care had to be exercised in its application, especially as to the length of time that the acid is to be kept in contact with the skin before using alcohol. He did not believe it was safe to allow the acid to remain more than half a minute.

DR. LAZARD spoke of Dr. S. E. Powell's original paper on the use of carbolic acid.

DR. CLARK mentioned the fact that Dr. Reed, of Cincinnati, used for the cleansing of his hands after septic cases the pure carbolic acid, followed by alcohol.

DR. ASHER believed that the time allowed to elapse between the application of carbolic acid and that of alcohol a very important factor in its clinical application. He also spoke of the strength of alcohol found in drug stores and mentioned that frequently the standard 95 per cent. alcohol was diluted.

DR. MARTIN, in referring to Dr. Dabney's case, thought that the poultice had rendered the skin especially susceptible to the carbolic acid.

DR. JACOBY felt safe in using the acid on the skin for the period of one minute. He thought Dr. Perkins' case a good test. In Dr. Dabney's case the poultice and the three minutes application of the acid was the cause of the sloughing.

DR. STORCK thought that Dr. Powell deserved great credit and that the profession was indebted to him for his valuable observations on the use of carbolic acid, but the first record of alcohol as an antidote for carbolic acid, was in the case of a man who wished to commit suicide by taking an ounce of the acid, then following the poison by swallowing a pint of alcohol. He thought that the alcohol was antidotal up to five minutes after the ingestion of carbolic acid.

DR. DABNEY thought that the poultice in the case of his son did intensify the effect of the acid.

DR. MAINEGRA believed that all carbolic acid was diluted 10 per cent. in order to keep in solution, especially was this so in cold weather. He spoke of a child having taken carbolic acid, which he treated by using a 50 per cent. solution of alcohol. The results were satisfactory.



DR. MARTIN read portions of Dr. Powell's original paper relative to the history of external application.

DR. CLARK wished to know what strength of alcohol was used for antidotal purposes in the stomach cases.

DR. MARTIN thought that the full strength—95 per cent. was indicated.

DR. STORCK believed that 50 per cent. solution was all that was necessary. He feared that gastritis would follow the use of full strength.

DR. PERKINS especially warned the physicians against the ordinary alcohol found in small drug shops. If carbolic acid is to be used, great care should be taken in obtaining the 95 per cent. alcohol. He insisted that it was necessary to apply the alcohol freely and for some minutes, fifteen if necessary, until all sense of burning had entirely ceased. Dr. Perkins referred to a case of erysipelas of the face, near the eyes, in which he had used the carbolic acid and alcohol treatment, painting the entire surface that was involved, except a small margin of skin below the lower lid. The entire process was controlled, with the exception of that portion of the erysipelas area, which was left untouched for fear of injuring the conjunctiva. Dr. Perkins believed that the antidotal effect of alcohol was based not upon the dilution, but upon chemical change.

DR. JACOBY wished to call the attention of the Society to the fact that it was quite necessary to rub the alcohol into the skin and not simply put it on the painted surface.

DR. ROBERTSON mentioned that he had found olive oil a very good and controllable and reliable vehicle in which to incorporate carbolic acid.

DR. BLUM spoke upon the lesser danger of the use of the strong solution than in that of the weak. He referred to Dr. Powell having used the pure acid as a mouth wash, followed by the antidote, in which there was no bad results. He also referred to the case reported by Dr. Fenner, in which 5 per cent. carbolic solution was irrigated into the bowels accidentally, followed by alarming symptoms.

DR. DUPUY next wished to bring before the Society the very interesting question of adrenalin and its constitutional effects, especially its control of hemorrhage when administered internally. In his specialty he had used it quite frequently with

very happy results. Several cases of epistaxis that proved to be uncontrollable by packing and the usual surgical procedure for such cases, had been quickly checked by the internal administration of twenty drops of a 1 to 1000 solution every two or three hours. In several cases he had not touched the pack, but simply administered the adrenalin solutions internally, which was followed by complete relief.

DR. BLUM said that he used a suprarenal extract in a case of hemoptysis, which acted well for 24 hours, but he found the secondary effect bad.

DR. CLARK spoke of the experimental work being carried on by Dr. Crile, of Cleveland, on the use of adrenalin in dogs, when injected intravenously. From these experiments, it was indeed hopeful that a very valuable and life-saving agent was being developed. In these experiments the animals were bled until all external evidence of heart action had ceased, when the solution would be injected intravenously, to be followed by a gradual restoration of the heart action. It seems that the powerful influence produced on the circulation by this drug is dependent upon the specific property as a vasomotor constrictor.

DR. DABNEY believed that where the method by mouth administration failed, he thought it advisable to use the solution hypodermically.

DR. DUPUY, in conclusion, said that the drug owed its action to its influence upon the sympathetic system, being primarily a vasomotor constrictor. The discussion had been opened mainly for the purpose of discussing its effect upon hemorrhage, when administered internally. Dr. Dupuy mentioned several more cases in which the remedy had been effectual, and also believed that it would prove to be a most valuable agent in the treatment of intestinal hemorrhage in typhoid fever, as well as hemoptysis. He believed that adrenalin was to suprarenal extract what cinchona was to quinin. The solution put up by a very reliable drug house, 1 to 1000, he had found a most satisfactory method of administration.

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The President has appointed the following Standing Committees:

SCIENTIFIC ESSAYS AND DISCUSSIONS—Dr. L. G. LeBeuf, Chairman. Dr. W. M. Perkins, Dr. E. J. Huhner, Dr. I. I. Lemann, Dr. Gordon King, Dr. E. D. Fenner.

JUDICIARY—Dr. M. J. Magruder, Chairman. Dr. A. Nelken, Dr. R. J. Mainegra, Dr. J. J. Ryan, Dr. Hugh Kelly, Dr. Edmund Moss.

STATE MEDICINE AND LEGISLATION—Dr. Isadore Dyer, Chairman. Dr. Paul Michinard, Dr. W. T. O'Reilly, Dr. A. G. Friedrichs, Dr. A. J. O'Hara, Dr. H. A. Veazie.

LIBRARY—Dr. S. P. Delaup, Sub-Chairman. Dr. J. C. Derbofen, Dr. A. Jacoby, Dr. E. W. Jones, Dr. L. L. Cazenavette.

PUBLICATION—Dr. S. M. D. Clark, Chairman. Dr. Jules Lazard, Dr. N. F. Thiberge.

PRESIDENT'S ADDRESS—Dr. T. S. Dabney, Chairman. Dr. M. M. Lowe, Dr. E. D. Martin, Dr. J. Barnett.

SECRETARY'S REPORT—Dr. Philip Asher, Chairman. Dr. A. Maylie, Dr. J. S. Hebert, Dr. H. N. Blum.

LIBRARIAN'S REPORT—Dr. C. N. Chavigny, Chairman. Dr. C. J. Miller, Dr. A. B. Gaudet, Dr. J. B. Guthrie.

NECROLOGY—Dr. E. L. McGehee. Dr. Felix Larue, Dr. E. H. Walet, Dr. S. L. Théard.

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## Louisiana State Medical Society Notes.

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NEXT MEETING IN NEW ORLEANS, TUESDAY, WEDNESDAY AND THURSDAY, APRIL 28, 29, and 30, 1903.

President, Dr. Isadore Dyer, New Orleans; Recording Secretary, Dr. Wm. M. Perkins, 163 University Place, New Orleans; Corresponding Secretary, Dr. A. G. Friedrichs, 641 St. Charles street, New Orleans; Treasurer, Dr. H. S. Cocram, 124 Baronne street, New Orleans; Chairman, Committee of Arrangements, L. G. Le Beuf, 830 Canal street, New Orleans.

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PLANS ARE BEING VIGOROUSLY PUSHED for the meeting. As the American Medical Association meets here only five days later, a large number of physicians of the State will doubtless take advantage of the unusual opportunity of attending two such important meetings on one trip. The annual gatherings of the representatives of the medical profession of the State are becoming increasingly interesting and popular, and it is hoped that at the meeting the number of new members enrolled will



show that the physicians of Louisiana are as energetic as those of our sister States in organizing for mutual benefit and progress.

New Orleans will welcome her guests with her accustomed hospitality. A reception at the Palm Garden and a smoker at one of the clubs, besides the annual banquet, are contemplated. The Tulane Medical College has extended the hospitality of its rooms for the meeting.

It is hoped that the rates extended to the American Medical Association will be applicable to the State meeting also, in order to offer every inducement for physicians from the parishes to attend both.

#### LIST OF SECTIONS WITH SUBJECTS ANNOUNCED:

*Ear, Nose and Throat:* Dr. Gordon King, New Orleans, Chairman. Subject for discussion: Diseases of the Accessory Cavities. Diagnosis and Treatment.

*Neurology and Mental Diseases:* Dr. C. D. Simmons, Dutchtown, Chairman. Subject: Acute Ascending Paralysis with Report of two Rapidly Fatal Cases.

*Surgery:* Chairman, Dr. F. W. Parham, New Orleans. Subject for Discussion—Appendicitis and the proper attitude of the surgeon as well as the physician towards it.

*Diseases of Children:* Chairman, Dr. E. M. Dupaquier, 819 Orleans street, New Orleans. Subject for Discussion—Typhoid Fever.

All members interested are requested to make a clinical report of their cases, with special reference to the following points:

1. The occurrence of typhoid fever is increasing.
2. The true condition is often unrecognized, especially in nurslings.
3. Its peculiarities are many and quite misleading.
4. Its practical management, especially at the age of two years or thereabouts, is far from easy.
5. Its relation to tuberculosis is decidedly marked.
6. Prevalence and severity in the white and negro races, in the foreign-born and in the native-born of foreign or native parentage.
7. Cases of continued fever, neither malaria nor typhoid, in which drug treatment causes undue mortality among children.

The Chairman, whose address is given above, would be glad to correspond with the members of the Society about this or other subjects in his Section.

*General Medicine:* Dr. R. B. Paine, Mandeville, Chairman. Subject for discussion: Recent Advances in the Treatment of Diarrhea.

*Genito-Urinary Diseases:* Dr. A. R. Trahan, Lafayette, Chairman. Subject: The Pathology and Treatment of Chronic Gonorrhea.

*Obstetrics and Gynecology:* Dr. C. Jeff Miller, New Orleans, Chairman. Subject: Treatment of Gonorrhea in the Female.

*Dermatology:* Dr. J. N. Roussel, New Orleans. Subject: Ringworm of the Body Considered in a General Way.

*Sanitary Science:* Dr. R. L. Randolph, Alexandria, Chairman. Subject: Facts Relating to the Transmission of Yellow Fever.

*Oral Surgery:* Dr. A. G. Friedrichs, New Orleans, Chairman. Subject: The Wisdom Teeth.

*Miscellaneous Papers:* Malarial Hemoglobinuria, by Dr. L. Lazaro, Washington. On the Use of Colored Lantern Slides in the Teaching of Anatomy, Pathology, Surgery and Obstetrics, with Exhibition of Slides, by Dr. Edmund Souchon, New Orleans. Inguinal Hernia with Resection of the Bowel; Report of Cases by Dr. J. M. Batchelor, New Orleans. Chronic Gonorrhea in the Male, by Dr. A. Nelken, New Orleans.—a. Pathological Histology of Secretions.—b. Internal Antiseptic Therapy in Acute and Chronic Pathological Processes, by Dr. H. L. Ducrocq, of Lafourche Crossing. Report of Cases of Empyema, by Dr. J. F. Oechsner, New Orleans. A Few Surgical Wrinkles, by Dr. F. W. Parham, New Orleans. Hernia of the Ovary, Operation, Recovery and Radical Cure, by C. J. Ducoté, Cottonport. Some Notes on Treatment of Phthisis Pulmonalis, by Dr. L. G. LeBeuf, New Orleans. Phlyctenular Ophthalmia in the White and the Negro, with remarks on local treatment, by Dr. H. D. Bruns, New Orleans. Delayed Operation for Appendicitis, by Dr. E. D. Newell, St. Joseph.

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## American Medical Association Notes.

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NEXT MEETING IN NEW ORLEANS, MAY 5, 6, 7 AND 8, 1903.

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GENERAL OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION, 1902-1903.

President, Frank Billings, Illinois; First Vice President, J. A. Wither-  
spoon, Tennessee; Second Vice President, G. F. Comstock, New York;  
Third Vice President, C. R. Holmes, Ohio; Fourth Vice President, James  
H. Dunn, Minnesota; Secretary-Editor, George H. Simmons, Illinois;  
Treasurer, Henry P. Newman, Illinois; Chairman Committee of Arrange-  
ments, Isadore Dyer, 124 Baronne Street, New Orleans, La.

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THE SOUTHWESTERN PASSENGER BUREAU has made about the same arrangements as the Southeastern, which was announced in the last issue. They furnish us the following data:

RATE.—One regular, first-class fare for the round trip.

DATES OF SALE.—May 3 and 4, 1903.

LIMITS.—Tickets to bear continuous passage transit limit in each direction, with final limit of May 16, 1903.

EXTENSION.—If tickets are presented in person by original purchasers and fee of 50 cents paid to Special Agent on or before May 12, 1903, extension of final limit may be secured to and including May 30, 1903.

Special Agency will be conducted in the name of Mr. Joseph Richardson, at Room 204, No. 204 Camp street, New Orleans, La., and will be open between the hours of 8 A. M. and 8 P. M., tickets to be withdrawn only on the date on which they are to be used, and to be available for passage leaving New Orleans only on such date. The extension of limit to in no case exceed midnight of May 30, 1903.

The Trans-Continental Passenger Association has sent the following answer to Dr. Souchon, Chairman Committee on Transportation:

“In reply to your favor of 2d inst., I beg to say that the attendance from the States from which our lines sell, namely, California, Nevada, Washington and Oregon, will doubtless be so small as not to justify the making of any special reduced rate from those States.

“Delegates may, however, avail themselves of the regular nine months rate which is in effect daily from Pacific Coast points to New Orleans, and which approximates two cents per mile in each direction, or about one fare and a third for the round trip.

“Should it happen that your delegates apply at a station on Pacific Coast from which the nine months rate is not in effect, which may be the case at very small, unimportant stations, the agent will cheerfully ascertain and advise them the nearest point to his station from which such rate does apply.

“It is hoped that the foregoing will be satisfactory to you.”

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## Medical News Items.

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DR. H. B. PARKER, Assistant Surgeon United States Public Health and Marine Hospital Service, was assigned for special temporary duty at New Orleans on February 6, 1903.



THE BOARD OF ADMINISTRATORS OF THE CHARITY HOSPITAL decided at their last monthly meeting that students applying for the position of resident student shall have completed their third year in the Medical Department of Tulane University, presenting certificate to that effect from the Dean; also, that the date of examinations be changed from February to the latter part of April.

THE AMERICAN MEDICAL EDITORS' ASSOCIATION will meet in this city at 2 o'clock on the Monday immediately preceding the meeting of the American Medical Association. The JOURNAL has secured space at the Polyclinic, where its office is now located, for the Association's meeting place. Their banquet will take place also on Monday, at the usual dining hour.

THE LOUISIANA STATE BOARD OF HEALTH held its quarterly meeting on February 17, in this city. The reports from all directions showed that the condition of health in this State was excellent. Also, that proper safeguards will be rigorously kept up against the introduction of infectious diseases from foreign parts. The following were elected to serve during the quarantine season of 1903:

Resident physician Rigolets Station, Dr. Fred. Turney; resident physician Atchafalaya Station, Dr. William J. McClellan.

Resident inspectors at fruit ports chosen were: Belize, Dr. Theodore J. Dimitry; Livingston, Dr. Guy A. Darcantel; Port Barrios, Dr. W. L. Stone; Port Cortez, Dr. J. F. Dunshie; LaCeiba, Dr. D. P. Albers; Bluefields, Dr. King Holt; Port Limon, Dr. Allen Jumel; Bocas del Toro, Dr. L. A. Wailes; Havana, Dr. L. H. Viallon.

Marine medical inspectors to serve on fruit vessels: Dr. T. B. L. Layton, Dr. W. B. Seebold, Dr. J. L. Gill, Dr. W. H. Reilly, Dr. A. H. Forman, Dr. J. B. Vaughan, Dr. C. R. Hargrove and Dr. Allen King.

THE STATE BOARD OF PHARMACISTS recently held its quarterly examination for registered pharmacists and qualified assistants. It had expected about twenty applicants and a majority for the lower position of qualified assistant. Over forty entered, however, the greater number for the superior position of registered pharmacist.

FLORIDA HAS TRANSFERRED to the Federal Government full title to her quarantine stations at Pensacola, Charlotte Harbor, Fernandina, Miami and Mayport; the consideration was the sum of \$32,000.

MARRIED.—Dr. Alfred Hennen Forman to Miss Dot Preis, at New Orleans, on January 31, 1903.

Our hearty congratulations go forth to the doctor and his bride.

DIED.—At Pensacola, Fla., February 7, 1903, Dr. Geo. Herbert Douglas, of Morgan City, La., at the age of 42 years. Dr. Douglas was a well-known practitioner for many years at Morgan City, as well as an active member of the Louisiana State Medical Society up to a comparatively short time. His health had been poor for the last two or three years. He had been mayor of Morgan City and still held the post of quarantine physician at that point at the time of his death. He was buried in Morgan City.

DR. B. F. EADES, chief surgeon of the Texas & Pacific Railway, at Marshall, Texas. The deceased was one of the most noted physicians of his section, and had been a valued subscriber to the JOURNAL for many years. The members of the State Medical Society will remember his presence at the last meeting of the Society. We extend our sympathy to the families of both the above.

THE BOSTON INDUSTRIAL SCHOOL FOR CRIPPLE and Deformed Children have raised \$98,000 for a new building and will commence the erection of it when the funds have reached \$150,000.

THE MEDICAL SOCIETY OF THE MISSOURI VALLEY will hold its spring meeting in Council Bluffs, Iowa, on March 19 and 20. The membership of this society includes the representative men of Iowa, Nebraska, Missouri, Kansas, North and South Dakota. A feature of the first day's session will be a symposium on syphilis, and on the second day a symposium on typhoid fever.

XIV INTERNATIONAL MEDICAL CONGRESS AT MADRID.—As those who wish to attend in Madrid, April 23-30, 1903, have a common objective point, it is thought that they can be associ-

ated to advantage in excursion parties. By such association better accommodations can be secured and at a reduction in price. As there will doubtless be some divergence as to routes, several returning trips have been selected, which, although separate for a portion of the journey, have been arranged so that the principal points are visited together. The party will sail from New York city on April 11th, on the twin-ocean steamer "Princess Irene," of the North German Lloyd, direct to Gibraltar. Tickets for the round trip, including hotel and sight-seeing, \$265, \$375 and \$550, according to the tour selected. It is important that all who contemplate taking this trip should register at once, so that reservations for hotel in Madrid may be satisfactorily arranged. Final arrangements will be in the hands of Cook & Sons. Full information and copies of itinerary may be obtained by addressing either Dr. Ramon Guiteras, 75 W. 55th St., New York City, or Charles Wood Fassett, Krug Park Place, St. Joseph, Missouri.

THE NEW ORLEANS SANITARIUM is to have a new building by next fall. The Polyclinic, which now owns it, has secured 65 additional feet front next to the space occupied by the present buildings. On these lots will be erected a new building which will be used only for patients. It is to be built of brick and stucco, with all modern improvements and facilities, and be creditable in every way. It will accommodate 60 patients. A portion of one of the old buildings will be retained for the use of the house-keeping department, with operating rooms on the top floor. Another of the old buildings will be retained and enlarged, to be occupied as the nurses' home. All else will be torn down, giving thereby a large court-yard, which it is the intention to ornament with shade trees and flower beds, and removing everything noisy and objectionable from the patient's building.

AT THE ANNUAL MEETING OF THE BOARD OF ADMINISTRATORS OF THE CHARITY HOSPITAL the medical officers were re-elected as follows: Dr. J. D. Bloom, House Surgeon; Dr. J. M. Batchelor, First Assistant House Surgeon; D. J. A. Danna, Second Assistant House Surgeon; Dr. O. L. Pothier, Pathologist. The



yearly report of the board and the hospital officers showed a splendid condition of the hospital, both regarding finances and the amount of good work accomplished.

THE TOTAL NUMBER OF MATRICULATES at this session of the Medical Department of Tulane University is 422. This verifies our prediction made in the December number of the JOURNAL and emphasizes the argument made at the time concerning elevation of the standard.

PLAQUEMINES PARISH MEDICAL SOCIETY.—The medical fraternity of Plaquemines parish met at Pointe-à-la-Hache on the 5th inst. for the purpose of organizing a Parish Medical Society in affiliation with the Louisiana State Medical Association. The following physicians became members of the organization: Drs. J. N. Thomas, C. P. Wilkinson, T. Y. Abby, J. Hope Lamb, J. R. Johnson, V. O. Schayot, H. L. Ballome, J. F. Buquoi. Dr. J. N. Thomas, of Quarantine, was elected president; Dr. V. O. Schayot, of Pointe-à-la-Hache, vice president; Dr. J. F. Buquoi, of Pointe-à-la-Hache, secretary-treasurer. The society adopted the constitution and by-laws recommended by the American Medical Association for component societies.

AS WE GO TO PRESS, we learn with deep regret that Dr. W. E. B. Davis, of Birmingham, was killed by a train at a depot in in that city.

Dr. Davis was one of the most prominent physicians in Alabama, a leading spirit in the Southern Surgical and Gynecological Association, and possessed one of the bright minds of the day.

The accident occurred on the afternoon of February 24 and was instantly fatal.

## Book Reviews and Notices.

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*All new publications sent to the JOURNAL will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the JOURNAL to review as many of the works received as possible, the editors will be guided by the space available and the merit of the respective publications. The acceptance of a book implies no obligation to review.*

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*The Blood. How to Examine and Diagnose its Diseases.* By ALFRED C. COLES, M. D., B. Sc. of Public Health, Edinburgh. Second Edition with six colored plates. P. Blakiston's Son & Co., Philadelphia, 1903.

This small work is a practical compilation from the literature on the subject. Yet it contains original features that are worthy of note, namely, an efficient and reliable method of blood examination which answers all the requirements of the physician, a thorough presentation of splenic anemia with symptoms besides, and remarkably good illustrations taken from films which the author has made during the last five years. The print is large and runs between numerous white spaces which renders its reading very pleasant. This is a good book.

E. M. DUPAQUIER.

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*Diseases of the Bronchi and Pleura, Pneumonia. American Edition of Nothnagel's Practice.*

This, the fourth volume of Saunders' American Edition of Nothnagel's Practice fulfills all expectations. The eminent authors of the valuable monographs which comprise this volume had, by their breadth of learning, their exhaustive research, and extensive practical experience, made their essays almost complete as originally written. Nevertheless, the author, in the light of recent research, has made numerous valuable additions, so that the American edition represents the present state of our knowledge on the subjects under discussion. Among other things, these additions include new matter on the anatomy and physiology of the bronchi; on foreign bodies in the tubes; on the pathology, bacteriology, and treatment of bronchitis, and the recent researches on bronchiectasis and on eosinophilia in asthma.

Much new matter has been incorporated into the section on pneumonia, including the recent work of Hutchinson and others on the blood and urine in that disease. In the Pleurisy section will be found an account of the latest bacteriologic studies, and references to the work of Morse on the leucocytes in pleurisy, to that of Williams and others on X-ray diagnosis and to the Litten phenomenon. The work in every particular is thoroughly up-to-date, and no criticism is possible but praise.

E. M. DUPAQUIER.

*A Manual of Dissection and Practical Anatomy*, founded on Gray and Gerrish. By WILLIAM T. ECKLEY, M. D., and CORINNE B. ECKLEY. Lea Brothers & Co., Philadelphia and New York, 1903.

This manual is, in our opinion, a condensed dissecting guide for advanced students and physicians. The regional distribution of the text and illustrations is a good plan and serviceable for surgical anatomy. The illustrations are borrowed from Gray and Gerrish; but due credit ought to have been given in the author's preface to Testut and not to Gerrish, as most of the wood-cuts in this work, acknowledged to be the very best, are originally from Testut's Anatomy. LARUE.

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*Clinical Surgery*. By DR. A. J. OCHSNER. B. S., F. R. M. S., M. D. Cleveland Press, Chicago, 1902.

In reviewing this excellent work, one is first struck by the modest and conscientious statements in the preface. There is no dogmatic assertion, except in so far as the author's clinical results.

He begins by the first important factor in surgical operations, viz.: The study of the patient. He then treats of Asepsis and Antisepsis. He approves of the usage of rubber gloves except in cases of very delicate operations, when the finer sense of touch might be impaired. We think that unless an operator makes a constant practice of wearing gloves, his sense of touch is not so delicate.

We also have found the marked hereditary tendency to hernia in our practice. The original drawings of Prof. A. H. Ferguson are so clear that one who has a little knowledge of these regions, can, at a glance, follow the different steps of Herniotomy. Two plates are included giving a concise idea of Mayo's operation for the relief of umbilical hernia.

The author's preliminary remarks on Abdominal Surgery are replete with wise practical rules. His clinical cases are all minutely narrated. The operation of appendectomy by the purse-string method is shown in three fine plates.

In the chapter on the Gall-Bladder, the generally accepted opinion is upheld that cholecystitis is caused by any obstruction which prevents the flow of bile, the retained bacteria causing mischief by irritating the lining membrane of the organ.

The book includes clinical cases and work on the different parts of the body, but attention is especially called to the foregoing, and the text and plates on the Surgery of the Intestines, Kidney, Pelvis, Breast, Tongue and Extirpation of the Gasserian Ganglion.

We congratulate the author on the presentation of this clinical work so valuable to the general and special practitioner. We were astonished, however, not to see more stress laid on the subject of saline infusion, of such inestimable value in the treatment of shock, hemorrhages and as a prophylactic measure before undertaking certain dangerous operations.

LARUE.



*Gynecology, Obstetrics and Menopause*—Being a revised and enlarged re-issue of the serial articles appearing in the Medical Council. By A. H. P. LEUF, M. D. The Medical Council, 1902. Philadelphia.

The aim of the author, throughout this work, has been to enlarge the field of the general practitioner, by instructing him in the diagnosis and treatment of the diseases usually referred to a gynecologist. Such an idea is a worthy one, and most of the book will be found in accord with modern teaching, but, throughout the text the spirit of—"Every one his own gynecologist," is too plainly displayed. Generalities are frequently indulged in when detail would only suffice, and some of the pathologic findings and diagnosis would hardly be accepted by any thoughtful observer. In fact, the whole subject of gynecology and obstetrics is dealt with in a small volume, suggesting a short cut to the subject, rather than the apprenticeship, which every one who has prepared for this work recognizes as so essential.

MILLER.

*Obstetrical Nursing.* BY DR. HENRY E. TULEY. Engelhard & Co., Chicago, 1902.

This concise little volume, intended for students and trained nurses, is worth a reading by the practitioner. The subject matter is so plainly and clearly dealt with, that the work can be recommended for the guidance of the inexperienced, who are often entrusted with the care of obstetrical patients.

MILLER.

*The American Text Book of Obstetrics.* Edited by RICHARD C. NORRIS M. D. Art Editor, ROBERT L. DICKINSON, M. D. Second Edition W. B. Saunders & Co., Philadelphia and London, 1902.

When the first edition of this work was given to the profession, it was generally acknowledged to be one of the finest collections of obstetrical essays up to that time published. It was immediately adopted as a standard text and reference book, and now after six years reappears in two volumes, of six hundred pages each, with the addition of numerous original illustrations and many chapters, almost entirely rewritten. The work is truly an index, of the great advances in the science and art of obstetrics, particularly in the line of the wider range of surgery as applied to labor and the puerperal period. New problems have arisen in obstetrics since we have learned the value of asepsis, and applied the knowledge gathered from pathological laboratory and operating table to the lying-in room. The work is the combined result of the efforts of able gynecologists and obstetricians, and one would expect to find it advocating ripe, practical conclusions on all questions of pathology and the limitations of operative work. In this, no one will be disappointed. One hundred and sixty pages are devoted to dystocia, the balance of the second volume containing only chapters on the physiology and pathology of the puerperium, pathology of the new-born infant and obstetric surgery. The last chapter—celiotomy for sepsis in the child-bearing period, is written by Dr. Barton Cooke Hirst, whose previous contributions on this subject are classics. The work is well edited, the publishers have been generous, and the profession will promptly accept it as embodying the latest and most practical ideas in obstetrics.

MILLER.

## Publications Received.

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*A System of Physiologic Therapeutics*, Edited by S. S. Cohen, M. D. Volume V.—P. Blakinson's Son & Co., Philadelphia, 1903.

*Cancer and other Tumors of the Stomach*, by Samuel Fenwick, M. D., and W. Soltan Fenwick, M. D.—P. Blakiston's Son & Co., Philadelphia, 1903.

*Atlas and Epitome of Human Histology*, by Dr. Johannes Sobotta, Edited by G. Carl Huber, M. D.—W. B. Saunders & Co., Philadelphia and London, 1903.

*Atlas and Epitome of Diseases of the Mouth, Pharynx and Nose*, by Dr. L. Grunewald, Edited by James E. Newcomb, M. D.—W. B. Saunders & Co., Philadelphia and London, 1903.

*The Johns Hopkins Hospital Reports*—Vol. X.—The Johns Hopkins Press, 1902.

*The Practical Medicine Series of Year Books*, Edited by Gustavus P. Head, M. D., Vol. III—The Eye, Ear, Nose and Throat—The Year Book Publishers, Chicago, 1902.

*A Text Book of Pharmacology and Therapeutics*, by Arthur R. Cushny, M. D.—Lea Brothers & Co., Philadelphia and New York, 1903.

*International Clinics*, Vol. IV.—Twelfth Series, Edited by Henry W. Cattell, M. D. J. B. Lippincott & Co., Philadelphia, 1903.

*Transactions of the American Orthopedic Association*, Vol. XV.—Philadelphia, 1902.

*The Anatomy of the Human Peritoneum and Abdominal Cavity*, by George S. Huntington, M.D. Lea Brothers & Co., Philadelphia and New York, 1903.

*Proceedings of the Seventeenth Annual Meeting of the Conference of State and Provincial Boards of Health of North America*.—New Haven, 1902.

*The Practical Treatment of Stammering and Stuttering*, by Geo. Andrew Lewis and George B. Hynson, M. A.—Geo. Andrew Lewis, Detroit, 1902.

*Physiology*, by Theodore C. Guenther, M. D., Edited by V. C. Pedersen, M. D.—Lea Brothers & Co., Philadelphia and New York, 1903.

*Obstetrics*, by W. P. Manton, M. D., Edited by V. C. Pedersen, M. D.—Lea Brothers & Co., Philadelphia and New York, 1903.

*Presence of Tetanus in Commercial Gelatin*, by John F. Anderson, M. D.—Government Printing Office, Washington, 1902.

*Laboratory Technique—Ring Test for Indol—Collodium Sacs*, by S. B. Grubbs and Edward Francis. *Microphotography with Simple Apparatus*, by H. B. Parker.—Government Printing Office, Washington, 1902.

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## Reprints.

*Provision for the Criminal Insane*, by William Francis Drewry, M. D.

*Permanent Suprapubic Drainage for Advanced Tuberculosis of the Bladder. Report of a Case at End of Five Years*, by C. A. Powers, M. D.

*Essentials in the Construction of Hospitals for Large Cities—The Surgical Treatment of Tuberculous Peritonitis—Clinical Observation on the Surgery of Gall-Bladder*, by Albert J. Ochsner, M. D.

*Congenital Dislocation of Hips*, by Edward H. Ochsner, M. D.



## MORTUARY REPORT OF NEW ORLEANS.

(Computed from the Monthly Report of the Board of Health of the City of New Orleans.)  
FOR JANUARY, 1903.

CAUSE.	White.	Colored.	Total.
Asthma .....	...	4	4
Alcoholism .....	1	2	3
Anemia .....	3	1	4
Pyemia Septicemia .....	4	...	4
Scarlatina .....	2	...	2
Fever, Malarial Intermittent. ....	2	1	3
" Typhoid or Enteric .....	4	1	5
Puerperal Diseases .....	2	3	5
Bronchitis .....	10	9	19
Diphtheria .....	2	2	4
Influenza .....	11	6	17
Erysipelas .....	2	...	2
Whooping Cough .....	1	...	1
Pneumonia .....	40	29	69
Cancer .....	16	4	20
Tuberculosis .....	43	34	77
Diarrhea (Enteritis) .....	12	12	24
Dysentery .....	2	2	4
Bronchi-pneumonia .....	3	...	3
Obstruction of Bowels .....	2	2	4
Hepatic Cirrhosis .....	3	3	6
Other Liver Diseases .....	4	1	5
Peritonitis .....	2	1	3
Debility, Senile .....	16	8	24
" Infantile .....	14	1	15
Bright's Disease (Nephritis) .....	41	16	57
Gangrene .....	5	1	6
Heart, Diseases of .....	41	20	61
Softening of Brain .....	3	1	4
Congestion of Brain and Apoplexy .....	12	4	16
Meningitis .....	3	2	5
Paralysis .....	6	2	8
Cong. Malformation .....	2	1	3
Trismus Nascentium .....	4	7	11
Injuries .....	19	19	38
Suicide .....	6	...	6
All Other Causes .....	24	15	39
TOTAL .....	367	214	581

Still-born Children—White, 18; colored, 19; total, 37.

Population of City (estimated)—White, 227,000; colored, 83,000; total, 310,000.

Death Rate per 1000 per annum for Month—White, 19.40; colored, 30.84; total, 22.49.

## METEOROLOGIC SUMMARY.

(U. S. Weather Bureau.)

Mean atmospheric pressure..... 30.10  
Mean temperature..... 52.  
Total precipitation..... 4.01 inches.  
Prevailing direction of wind, northeast.

# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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VOL. LV.

APRIL, 1903.

No. 10.

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## Original Article.

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[No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. A complimentary edition of fifty reprints of this article will be furnished each contributor should he so desire. Any number of reprints may be had at reasonable rates if a WRITTEN order for the same accompany the paper.]

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### Spinal Analgesia.\*

BY E. DENEGRÉ MARTIN, M. D., Professor on Minor and Clinical Surgery in the New Orleans Polyclinic.

Though this subject seems to be growing less popular with the profession and there are many who condemn it as unwise and dangerous, nevertheless it has its place and, personally, I consider it one of the necessary adjuncts to surgery. I have always maintained that we should be cautious in its use and exclusive in its application. When the fad struck New Orleans, I felt that I must join the procession and give my classes the benefit of this new discovery. Accordingly, I operated upon my first patient on November 9, 1900, using fifteen minims of a 2 per cent. solution of cocain. The post-operative symptoms in this patient were so violent that I shrank from further experiments. After more careful analysis of this case, with a study of others that were being reported, it occurred to me that these symptoms were not due altogether to the effects of cocain, but, possibly, to the disturbed tension of the spinal fluid. Acting

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\* Read by title at the meeting of Southern Surgical and Gynecological Association in November, 1902.

on this hypothesis, I began at once to use a more concentrated solution. On January 26, 1901, I read a paper on this subject before the Orleans Parish Medical Society, in which I stated that I believed: "The best result was obtained by using a small amount of a strong solution." This assertion was based upon an experience with nine cases of my own and several reported by Dr. Delaup, who, in concluding his remarks on this occasion, stated that he was so well pleased with the results obtained in using the concentrated solution that he would confine himself strictly to this procedure in the future.

It has been my practice to inject only five minims of a two or a four per cent. solution, thereby disturbing the tension just as little as possible. In one instance, as the report of these cases will show, I injected only two minims of a 10 per cent. solution with excellent results. From the discussion which followed I will quote the following: "Dr. Parham considered the experiments valuable and comparing results in other cases to those reported by me, agreed that solutions too weak should not be used." Dr. Souchon corroborated my statement concerning two cases we had observed together, one of which was his own, upon whom he had been kind enough to allow me to use a concentrated solution. "In support of Dr. Martin's tension theory," said Dr. Delaup, "In which I am inclined, by recent observation, to share, though not the same degree, permit me to quote," etc.

Dr. Lazard alluded to some forty cases reported by Fowler, in which twenty minims of a 2 per cent. solution were used, in all but two of which headache and nausea followed.

Drs. Chassaignac, Dupaquier and other discussed the subject most favorably. Since that date, about fifty cases, so far as I can learn, have been anesthetized with this concentrated solution and with the most gratifying results.

Notwithstanding the marked improvement in this method, I noticed that the patients seemed to do best when the head and shoulders were elevated, and in confirmation of this observation, experiments made on two dogs led me to the conclusion that gravity as well as tension might be a factor in the phenomena occurring in so many of these cases. As these experiments on the dogs proved interesting, I will report one case. This canine belonged to the species known as a cur, a medium size,



healthy-looking brute. I injected ten minims of a 2 per cent. solution of cocain in the lumbar region. In fifteen minutes the dog began to act as if intoxicated.

Whenever he attempted to walk, he would first look at each foot to see if it was on the floor, not only at the hind feet, but the fore feet as well. On investigation, I found this animal completely anesthetized. A pin could be stuck into the skin at any point, through the ears, neck or feet without causing pain. This condition lasted for more than an hour. There were no post-operative symptoms, so far as we could tell. It now occurred to me that if the spinal fluid, which is inert and which undoubtedly must act much as the fluid in any tube, changing only when the position of the tube is altered, might have something to do with carrying the cocain to the upper portion of the cord and thus producing by gravity, the grave symptoms noted. Acting upon these two theories, I now adopt a procedure in all my cases which I shall describe later, and so uniformly successful have I been that I am anxious that, should the opportunity present itself, some of you may try it, as my observations have been too few from which to draw definite conclusions. It would be well to bear in mind the susceptibility of some patients to cocain and not always to attribute the cause to the method.

When possible, I prepare my patient as carefully for cocain analgesia as for a general anesthetic, though I would not hesitate to operate in an emergency if the conditions demanded. The lumbar region is asepticated by the usual method. When patients are strong enough to sit up, I place them in the so-called scorchers' position. A point between the fourth and fifth lumbar vertebræ is selected and a few minims of a weak solution of cocain is injected into and under the skin. I then introduce the needle, as soon as the space between the bodies of the vertebræ is reached the needle is pushed in very slowly until the spinal fluid is seen to escape. I never allow more than one or two drops to flow from the needle. I then attach the needle, loaded with a 4 per cent. or 2 per cent. solution of cocain and inject 5 minims.

No allowance is made for the calibre of the needle, as it is too small to be considered. The puncture is sealed with collodion. The patient is then put in a recumbent position, with

the head and shoulders elevated and this position is maintained for several hours after operation or until all effects of the cocain have worn off.

I will now briefly report the cases upon which I have operated with a concentrated solution of cocain. My experience is that one-tenth of a grain (5 minims of a 2 per cent. solution) is sufficient for all operations about the rectum, but that more is required for operations in the extremities.

CASE I.—Colored female, age 34, serpiginous chancreoid, so extensive that the buttocks had been divided, exposing the coccyx and two inches of the rectum. General condition very bad. Temperature 101 deg., pulse 130; urine contained albumen and casts. Injected five minims of 4 per cent. solution (cocain gr.  $\frac{1}{5}$ ), curetted and cauterized. Operation painless; absolutely no after symptoms. Patient continued to grow weaker and died the fourth day.

CASE II.—Colored female, age 60. General condition bad. Suffering from septic fever, result of traumatic gangrene of left leg extending to knee. Pulse 90 and small; temperature 100 deg. Used five minims of 4 per cent. solution (cocain gr.  $\frac{1}{5}$ ). Complete anesthesia in seventeen minutes. Amputated at lower third of thigh. Condition slightly improved on evening of operation. *No after symptoms whatever.* Twenty-four hours after operation temperature rose to 101 $\frac{1}{2}$  deg. and continued to fluctuate between 101 deg. and 102 deg. Examination of stump showed that gangrene was extending. Condition remained practically unchanged until death occurred suddenly six days after operation, undoubtedly due to embolus.

CASE III.—Colored female, aged 75. Gangrene of foot. General condition very bad. Anterior curvature of spine. Injected five minims of 4 per cent. (cocain gr.  $\frac{1}{5}$ ) at 8th dorsal interspace; anesthesia complete in fourteen minutes; operation painless, absolutely no after symptoms, not even elevation of temperature. Died two weeks after operation from old age.

Three days before, in this same case, I attempted to reach the canal between the fourth and fifth lumbar vertebræ, but failed to get the fluid for some unknown reason. It was this failure that caused me to inject higher.

Post-mortem revealed marked anterior curvature of spine, with ankylosis, but canal normal. Dr. Laplace relates a similar experience with one of his cases.

CASE IV.—Colored female, age 25. Suppurative arthritis of knee. Temperature at time of operation 100 deg., pulse 90. Injected five minims of 4 per cent. (cocain gr.  $\frac{1}{5}$ ) solution. In nine minutes anesthesia complete. Although the limb was so painful before injection that she could scarcely bear the weight of the hand upon it, under anesthesia she could use it freely, and manipulation was absolutely painless. Explored, found no pus, although two ounces had been withdrawn the day before. Knee bandaged and patient removed to ward. One hour later patient had a chill, followed by elevation of temperature, nausea and vomiting; a second chill six hours after, temperature running up to 100 deg., pulse 135, but no nausea and no headache. Temperature next morning was 102 deg., but no other symptoms. Temperature still continued two weeks after operation, though quite low, ranging from 99 to 101 degs. Was this due to sepsis from the joint, or to the lumbar puncture? If to the latter, the symptoms subsided in a remarkably short space of time.

CASE V.—White male, age 50. Stricture of urethra; general condition fair; heart weak; had taken chloroform for previous operation, but badly, and spinal analgesia was decided upon. Five minims of 2 per cent. solution (cocain gr. 1-10) injected. Anesthesia complete in eight minutes. He had absolutely no symptoms following.

CASE VI.—White male. Age about 50. Very nervous and anemic. Ulceration of the rectum. Injected 5 minims of 2 per cent. solution (cocain gr.  $\frac{1}{10}$ ). Anesthesia in six minutes. No after symptoms whatever in this case.

CASE VII.—White male, age about 50. Very anemic. Both heart and kidneys seriously involved; gangrene of stump of amputation. Injected five minims of 4 per cent. solution (cocain gr.  $\frac{1}{5}$ ). Anesthesia in 10 minutes. Amputated lower third of thigh. No after symptoms in this case.

CASE VIII.—Colored female, age 53. Condition fair. At time of operation pulse 110. Malignant tumor involving scarpal glands, suppurating at time of operation. Injected two minims of a 10 per cent. solution (cocain gr.  $\frac{1}{5}$ ). Operation painless, though sensitive to touch, heat or cold. Pulse after operation, 94. No after symptoms. All of these cases were in a very



bad condition, and some of them would have met with immediate and certain death under general anesthesia.

(Reported from the Transaction of the Orleans Parish Medical Society.)

CASE IX.—Amputation of leg in middle third. Colored female, age 60. Traumatic gangrene. Albumin and casts in the urine. Suffering from septicemia and endocarditis. Injected five minims of 4 per cent. solution. Effect in fourteen minutes. No after effects, Patient died on the seventh day. Death due to shock and the gangrenous condition.

CASE X.—Polypus of the uterus. White female, age 30. Urine normal; heart normal; pulse 130. Very nervous. Injected five minims of a 5 per cent. solution. Effect in twenty minutes; analgesia never complete in the uterus. Some pain throughout the operation. No after-effects. This injection was made for another physician. The patient could have taken general anesthetic, but the physician desired to test the effect.

CASE XI.—Fissure in ano. White male, age 26. Urine, etc., normal. Injected five minims of 2 per cent. solution. Effect in seven minutes. Slight headache; vomiting twice in twenty-four hours.

CASE XII.—Fistula in ano. Very extensive. White male, age 72. Endocarditis. Urine normal. Injected five minims of 4 per cent solution. Effect in nine minutes. No after-effects.

CASE XIII.—Ulcer of leg (grafted). Colored female, age 19. General condition bad. Syphilitic. Right lateral curvature of spine. Injected five minims of 4 per cent. solution. On the left side (side of ulcer) analgesia only partial. Shaving of ulcer very painful. Could not take grafts from thigh. On the right side analgesia complete and grafts removed without pain. At 8 P. M. temperature had risen to 100 deg.; slight headache, relieved by phenacetin and caffein. No further symptoms.

CASE XIV.—Urethrotomy (very extensive) without guide. Colored male, age 20. Condition normal. Injected five minims of 4 per cent. solution. Effect in five minutes. Operation lasted forty minutes. No after-effects.

There were only a few drops of spinal fluid lost in each case.

CASE XV.—B. S., male, age 58. Chronic alcoholic. Condition fair. Operated upon for fistula extending four inches up the bowel. Injected five minims of 4 per cent. solution; anesthesia in six minutes. Operation lasted twenty-five minutes. No pain. No after-effects whatever. (Transactions Louisiana State Medical Society, 1902.)

CASE XVI.—Mr. M., white, age 55. Gangrene of perineum, due to infiltration of urine. Temperature 102 deg., pulse 120. General condition very bad. Injected five minims of 4 per cent. solution of cocain. Analgesia complete. Operation lasted half hour. No after effects.

CASE XVII.—Mrs. S., white, age 49. Hemorrhoids. Suffered with valvular heart disease. General condition bad. Had been refused relief by several physicians on account of heart disease. Injected five minims of 4 per cent. solution of cocain. Analgesia complete. No after-effects whatever.

CASE XVIII.—R. B., age 56, white male. Epithelioma of prepuce. General condition bad. Injected five minims 4 per cent. solution cocain. Analgesia complete in ten minutes. Operation lasted twenty minutes. Absolutely no post-mortem symptoms.

A note received from Dr. Delaup on November 1 tells me a concentrated solution of cocain was used in 33 cases in the clinics of Dr. Chassaignac and that he is confirmed in the belief that it is best. The only unpleasant symptoms were an occasional headache and slight nausea. This occurred in not more than 25 per cent. of the cases.

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## Clinical Report.

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### Large Interstitial Fibroid Complicating a Breech Presentation.

By J. E. DOUSSAN, M. D., Litcher, La.

The parturient was a robust negress, aet. 35, IV—para. Her obstetric history was bad, all her previous labors having required instrumental interference. Pregnancy in the present instance was normal and labor had set in about the end of the ninth month.

When I saw her she had been 48 hours in labor, in care of an ignorant and filthy negress, who had not failed to dose her liberally with ergot. I diagnosed a breech presentation, the dorsum being anterior; and a large dense tumor imbedded in the right wall of the uterus, extending from the fundus down to the internal os and encroaching on the true pelvis. I presumed this to be an interstitial fibroid. The fetus was dead.

The uterus was tetanized and cervix but little dilated. After giving the patient  $\frac{1}{4}$  gr. morphin hypodermically, gradual digital dilatation was effected. When sufficient room was obtained the long forceps was applied and under obstetrical anesthesia intermittent tractions brought the breech down to the vulva. The maternal resistance to progress became the greater with each advance of the breech, the tumor no doubt offering greater opposition to the passage of the longer diameters of the shoulders and head through the superior strait. The patient was now completely anesthetized and the breech and trunk delivered by forcible traction. The shoulders were delivered likewise. Firm pressure through the abdominal wall in the proper direction prevented the complication which I feared the most, extension of the arms and head. While the head came down well flexed, it seemed to me for a while as if the tumor would never permit it to engage. But suprapubic pressure and traction on the trunk finally caused it to do so, and it was delivered by seizing the lower jaw and increasing flexion.

To my great delight and surprise the placenta immediately presented was expected spontaneously with inconsequential hemorrhage, whereas I looked for retention and a copious flood. The uterus retracted well and a normal puerperium ensued, without the slightest rise of temperature. Postpartum examination confirmed the diagnosis of interstitial fibroid. The woman refused any operation, and at present she is again pregnant, and as far as I am concerned, any confrère is welcome to the task of delivering her with that fibroid as a complication.

The points of interest in this case, to which I will allude briefly, are: The fact of her pregnancies and full term of labor, the fibroid and accompanying metritis tending to prevent pregnancy, and to cause abortion should pregnancy occur; the breech presentation due to size, position and direction of tumor; the absence of postpartal and puerperal hemorrhages and fever.



I confess, I had expected some ugly complications to ensue after the long continued pressure endured by the tumor during labor and tractions.

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## Communications.

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### Is the Negro Less Susceptible to Gastric Ulcer than the Caucasian?

*Editors New Orleans Medical and Surgical Journal:*

It has appeared to me as a result of my own observation, of careful investigation into the records of the Charity Hospital and the Touro Infirmary, and of inquiry among my confrères, that gastric ulcer does not occur as often among the negroes as among the whites. Another fact which I have observed is that gastric ulcer is not as frequent among the whites here as among the whites in some other portions of the United States.

When we consider the etiological factor of the disease, I see no reason why the negro should be less susceptible to gastric ulcer than the white, but the fact that remains, nevertheless, that we meet with ulcer of the stomach less often in the negro than in the white subject. It might be barely possible that the negro does suffer with the disease more frequently than appears, but does not always bring it to the notice of the physician.

I would earnestly call upon my confrères throughout the country to give expression of opinion upon this subject, either through the medium of the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL or by direct communication with me.

J. A. STORCK, M. D., New Orleans.

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### The New Constitution.

BARHAM, Vernon Parish, March 14, 1903.

*Editors N. O. Medical and Surgical Journal:*

DR. OWEN makes a good point in the March issue in calling attention to the fact that no provision is made in the proposed new constitution for a House of Delegates, a very grave omission, it seems.

Objection is possibly made on the grounds that there would thus probably be many sections or districts without representation because of no parish societies.

But the remedy is easy. Provide a means whereby these lost sheep may choose from among themselves one delegate for so many members, thus giving fair representation to all and working injustice to none.

At the same time such a necessary state of affairs should be discouraged, and these men should be urged to organize in their respective parishes.

Furthermore, Dr. Owen suggests that the treasurer of the Parish Society should thereby be the delegate to the State Society. I wish to make the point that the Secretary would make a more fit representative. The by-laws of some of the parish societies provide that it is the secretary who is to collect all dues and turn the same over to the treasurer; thus the secretary is the active one in collecting and not the treasurer. But there is a more important reason. This proposed House of Delegates would have to transact business with which, from the very nature of his work, the secretary was already familiar. He it is who is constantly in touch not only with the Parish members, but also with the officials of the State Society and of the American Medical Association. His mind is not upon society business for just a few hours, once a quarter, perhaps; but the whole year through, if he does his duty, he will have the business of organization in his mind, and he would thus go to the State Society in a manner an expert, thoroughly alive to the work before him. This band of experts, assembling as the House of Delegates, would save much valuable time which any other delegation would lose in discussing and studying questions with which the secretaries had familiarized themselves during the year. Herein you would have the action of studied opinions as opposed to those of minds hastily made up.

F. W. DORTCH, M. D.

# N. O. Medical and Surgical Journal

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## Editorial Department.

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CHAS. CHASSAIGNAC, M. D.

ISADORE DYER, M. D.

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### The American Medical Association.

There is only one month more before the meeting of the National body in New Orleans. We have been fully impressed with the importance of this gathering, and have tried from time to time to impress this upon our readers.

The American Medical Association has been in existence something over half a century. From small beginnings it has grown into an organization of might and force, and the limitations of its usefulness are to be measured only by the interest and co-operation of the rank and file. There are many things ahead of the Association and it must need serious reflection to see them accomplished. From an irregular scheme of membership this body now has grown into a regularly systematized co-operative concern, and, with its business administered along exact and progressive lines, the future promises great things.

From all accounts, the New Orleans meeting promises to be well attended, and from no section more than the South should this be true. For the future of local organization, for the future of protection against the enemies of an ideal profession, the medical men of the South should come and drink deeply of the spirit which is always a part of such a crystalization of science and advancement as the National body represents.

New Orleans is ready to receive all that come, and if those from far away find us lacking in some things we will have a warm enough heart to make compensation in others. The Arrangements Committee have made such preparations as their inexperience will have permitted, and the JOURNAL, for them, for the citizens of New Orleans and for the medical profession of the city and State, bids every medical man and member of the A. M. A. welcome.



### **The Louisiana State Medical Society.**

Never before in the history of the State Society has there been as much promise of a successful meeting. April 28, 29, 30 are the dates, and Tulane Medical College, on Canal street, the place.

An excellent program has been arranged and the social diversions have not been overlooked.

The stimulus of the American Medical Association immediately after this meeting should make the attendance larger than usual; besides, the consideration of the new constitution and the elevation of the standard of our profession in the State should be an additional incentive.

Make arrangements now, and let every member come and make another great meeting of our Society.

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### **International Quarantine League.**

The taking over of the Florida Health States by the Public Health and Marine Hospital Service is indicative of some change in the attitude of the United States towards the yellow fever question. The mosquito theory has all but attained an unsailable position. On April 1, the quarantine regulations of Louisiana go into effect and, while more lenient than heretofore, they imply a lack of confidence in the absoluteness of the mosquito theory as entirely responsible for all yellow fever.

The healthfulness of New Orleans has been especially noteworthy of late and, since 1898, the death rate has been lower than for many years. That the Boards of Health of the City and State are minded to conserve the conditions which have been responsible is both evident and commendable.

The Quarantine League does not seem to aim at abrogating all existing precautions, but rather to minimize the annoyances and expense of the present systems by making some uniformity of regulations by which the whole of the Gulf and Southern ports may be properly and adequately protected.

This is devoutly to be wished, as the chief obstruction in the past to proper quarantine methods has been the commercial interests in the communities affected.

Since the meeting of the American Public Health Association in December last, we have not heard much of the Quarantine League, but at this time when the Southern States are putting on their armor against the introduction of infection, it is time for the League to get to work.

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### Alcohol in Disguise.

It is terrible enough that the drink habit should be formed by any one who uses alcohol in a recognizable shape, but more horrible yet is it to contemplate the production of such slavery by means of vile nostrums, containing spirits in large percentage, advertised as sure cures for various diseases in order to entrap the ignorant and the unwary.

We feel sorry for those who dally with danger and become over fond of their stimulant, but we have greater sympathy for those who innocently, though foolishly, are made victims through their confidence in patent medicines.

Many of the latter contain large proportions of alcohol. A list of nearly a dozen taken from the transactions of the Colorado State Medical Society, 1902, and recently published in *American Medicine*, includes Hood's Sarsaparilla, Brown's Iron Bitters, Paine's Celery Compound, Ayer's Sarsaparilla, among others made familiar by the public prints, and mentions that they contain respectively from 18 to 45 per cent. of alcohol. An editorial in the *Ruston Leader*, of this State, calls attention to the evils of Peruna, which it styles a "vile decoction of drugs and mean whiskey," claiming that it has a tendency to craze its victims and drive them to violence and crime."

Of course, in prohibition districts these nostrums are used to evade and violate the law; but it is not with such hypocritical and voluntary indulgence that we are concerned. We are making a plea for those who are more or less ignorantly exposing themselves to the risk of becoming drunkards.

We believe it to be the duty of physicians to expose the dangers of these preparations, to warn as much as possible all those who depend upon them for advice; and we think that they should use the facts already cited as further arguments against patent medicines in general.

The medical profession certainly has the right to expect the

particular aid of all temperance advocates, and the JOURNAL hopes that the W. C. T. U. will take cognizance of this phase of the evil.

The daily newspaper is to a great extent responsible, as without its aid such pernicious agents could scarcely become known to the mass of the people. Yet, as long as the patent medicine is tolerated, it may be expecting too much of lay editors that they shall be able to gauge the comparative possibilities for evil. Also, a large proportion of their income is derived from advertisements of secret preparations by newspapers.

Probably the best remedy against either the hypocritical or the ignorant use of nostrums containing intoxicants would be for the government to insist upon having the percentage of alcohol or narcotic clearly printed on their label. In addition, we believe it would be wise if a law on the subject were to include a provision fixing a maximum percentage of such things in so-called remedies.

Then, only those who deliberately chose to obtain stimulants in this shape would be exposed to becoming slaves to these preparations. They would not be many. We would unquestionably still have many and more who would court danger and fall by using the seductive agents in a natural form, but, as Kipling has put it, that is another story.



# Abstracts, Extracts and Miscellany.

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## Department of General Surgery.

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In charge of DR. F. W. PARHAM, assisted by DR. F. LARUE, New Orleans.

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THE IMPROVEMENT OF GENERAL ANESTHESIA ON THE BASIS OF SCHLEICH'S PRINCIPLES WITH SPECIAL PREFERENCE TO ANESTHOL.

—It will be recalled that a few years ago the announcement by Schleich of the discovery of an alleged improvement in the methods of general anesthesia, consisting in a combination of drugs in such proportions, based upon their boiling points, as would secure a substance approximating the temperature of the blood, excited widespread and genuine interest.

Spite of all the optimistic statements of practitioners of long experience, that they never had fatal accidents from chloroform, it was almost universally acknowledged by surgeons of large operative experience that this boon of anesthesia, the greatest boon of the nineteenth century, was not entirely divorced from positive danger. Indeed, most authorities are willing to admit that the risk from chloroform may be expressed as one death in two thousand cases, whilst that of ether might be stated as about one in ten thousand. These figures refer to deaths while under the anesthetic and take no account of those occurring later. With such statistic showing it was no wonder that we all hailed these claims of Schleich as calculated to stimulate the advance of surgery by rendering surgical intervention so much safer for the patient. So, many of us began to use the new combination and were flattering ourselves that at last we were on the point of possessing the ideal anesthetic, that is, one capable of producing unconsciousness without risk to life, when it soon became apparent that, while this substance had really certain agreeable properties as an anesthetic, it was not devoid of danger; indeed, that it was hardly less treacherous than chloroform itself. Two reasons were given for this: first, that the combination was really only a mixture, and not a solution, and, second, that the third substance added to the chloroform

and ether mixture, in order to control the boiling point, was an added danger, as shown by experiments on animals and some experience with man. We were (for this demonstration) much indebted to Willy Meyer, who had been largely instrumental in the popularizing of this Schleich mixture in this country. "On Dec. 27, 1897," he says, "I proclaimed these mixtures, on a basis of my personal clinical experience, before a large audience of medical men as 'having come to stay,' and now three months later, in view of these absolutely unexpected revelations, I felt it my duty to abandon their use." With unanimity surgeons everywhere quickly did likewise. The revelations referred to were both physiologic and chemical in character, developed for Meyer by the investigations of Meltzer and of Weidig.

It was shown that at the beginning of anesthesia brought about by the Schleich mixture free ether was first inhaled, then the molecular solution of chloroform and ether mixed with the petrolic ether and finally was continued with the ether-chloroform (molecular) solution. Added to this was the positive danger from the petrolic ether as demonstrated by Meltzer on animals.

So pleasant in most instances, however, were the effects on patients, and so impressed with the basic principles of Schleich was Meyer, that he continued with the assistance of Weidig to experiment with the view of finding some combination of anesthetic substances that would meet the reasonable requirements of surgical anesthesia. In the first place, they found that whilst Schleich mixtures contained a considerable portion of free ether, it was nevertheless possible to mix ether and chloroform in such proportions as to get a true solution, that is, one which would undergo evaporation in practically the ratio of their combination. This, they called molecular solution, because combined in the proportion of their molecular equivalents. Taking heed of Meltzer's investigations, petrolic ether was abandoned and search made for a substance that might safely take its place. After considerable experimenting Weidig decided on ethyl chloride. This answered expectations from the physical point of view. With it they were able to get the boiling point desired. They finally fixed on a mixture of 83 parts of the molecular solution of ether and chloroform with 17 parts of ethyl chloride, by volume which gave a boiling

point at 104 F. (40 C.), the boiling point which seemed suitable for most cases, the temperature of the lungs being normally taken at 100.4 F. The work of Ludwig and Lotheissen on ethyl chloride published about this time\* justified him in administering this new combination to the human being without previous experimentation on animals. He gave it the name of anesthol.

Chemically, it was found to be a solution, for evaporation at a uniform temperature of 104 F. for five hours of 1000 c.c. of anesthol having a sp. gr. 1045, 22 c.c. with a sp. gr. of 1262 was left. As chloroform has a sp. gr. of 1400, this experiment proves that up to the last moment a "solution of components" passes off and does not leave a final residuum of chloroform, the substance with highest boiling point of the three.

And, physiologically, Willy Meyer's experience for the last four years (he began using anesthol October 15, 1898), has fulfilled his hopes.

His general conclusions he sums up as follows: "Believing Schleich's principle of improving general anesthesia on a physical rather than chemical basis to be correct, I consider anesthol produced as it is in true conformity with this principle, to be the least dangerous of all anesthetics thus far known; as they are employed for regular narcosis in the daily work of the surgeon, I therefore believe it worthy of the most careful consideration of every physician employing anesthetics."

Just as we finished writing the above there came into our hands the *Medical News* of March 14, in which is found the following, abstracted from *Munch. Med. Woch.*, Jan. 6, 1903: "A careful comparative study of the usual ether and the Schleich methods of narcosis has been made by F. v. Winckel. Plain ether was given in 60 cases and ether with morphine in 15. The Schleich mixture, given in 101 cases, contained ethyl chlorid 2, chloroform 4, and ether 12 parts. It was found on tabulating the results that the Schleich anesthesia came on more rapidly than the others (one to three minutes), the quantity used was smaller (75:115), a fall of temperature did not occur so often, and bronchitis was less likely to follow. In ten cases, how-

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\*Later, confirmed by Ware's report of 1000 personally conducted narcoses with ethyl chloride.



ever, in which the Schleich method was used resort was had to other anesthetics on account of the development of dangerous symptoms. Considering the comparative value of the two methods, however, the after effects attending ether narcosis seem much less severe than those attending the use of the Schleich mixture, and the author believes that no marked advantage attends the latter, that dangerous symptoms are more often noticed, even though the time and quantity employed are less for the Schleich mixture than for ether."

Now, according to the investigations of Weidig and Meyer, as stated in Meyer's article, while the three Schleich mixtures do contain fixed molecular solution of ether and chloroform, they contain besides 36 to 53 per cent. as well of free ether plus petrolic ether. Whether the new Schleich mixtures made with ethyl chloride are real molecular solutions is not stated in the abstract above quoted; if they are not, then the discrepant experiences of Meyer and v. Winckel would be explained, but in any case one is struck with the description of the remarkably happy effects of anesthol in the hands of Meyer and his anesthetist, especially when preceded by the hypodermic injection of morphia.

One cannot but admire the persistence of Meyer as plainly set forth in his interesting narrative, published in the *Journal of the American Medical Association* of Feb. 28 and March 7, which we advise all who wish to look up the matter in detail to read. Anesthol seems to respond to all the tests, physical, chemical, physiologic and clinical, heretofore demanded for a safe general anesthetic. If further experience in the hands of others shall confirm the four years' experience of Willy Meyer, then, and only then, may the surgical world felicitate itself upon the discovery of the ideal anesthetic. Let us hope that Meyer is right.

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## Department of General Medicine.

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In charge of DR. E. M. DUPAQUIER, New Orleans.

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A WORD ABOUT VASODILATORS.—The headache resulting from the use of nitro-glycerin, says Tirard, *Medical Treatment*, page 28, constitutes a great objection to its employment,

although its action is more prolonged than that of nitrite of amyl. Numerous researches for a vasodilator of more prolonged action have been made, and for this purpose Dr. Bradbury has recommended erythrol tetranitrate or nitro-erythrol. According to recent observations, this drug produces little effect until half an hour after its administration, and the maximum effect is produced at the end of an hour. After this the arterial tension gradually increases again, but it does not return to its previous condition until about ten hours after the dose has been taken. Erythrol tetranitrate may perhaps, it is claimed, prevent the onset of attacks of pain, although from the greater rapidity of action, nitrite of amyl and nitro-glycerin are more serviceable in cutting short the severity of sudden attacks of cardiac pain. It has been stated that when nitrites are administered continuously for long periods they tend to act as cardiac depressants; but very numerous cases have been recorded where these drugs have been employed for a great length of time with marked relief of urgent symptoms and with no indication of prejudicial effects. Erythrol, an alcohol,  $C_4H_6(OH)_4$  derived from litmus and the micro-organism of red snow. Its nitrate (tetra-nitrate) is nitro-erythrol (Alexander Duane's *Diet. of Med.*). Walsham believes that in erythrol-tetranitrate we have a valuable vasodilator. He has used it with good effect in three cases of aortic regurgitation accompanied by cardiac pain. In two other cases amyl nitrite was more effective. Of three cases of chronic interstitial nephritis, two were benefited; in one case of Raynaud's disease the effect was very happy (*American Year Book of Med.*, 1901).

Huchard has employed this drug in some 120 patients and has found it singularly free from the unpleasant effects of nitro-glycerin, such as pulsating temporals, etc. He has found it very serviceable in lowering tension in arteriosclerosis, chronic nephritis, gout and diabetic crises. It has the great advantage of mild prolonged action. It commences to act in from 15 to 45 minutes, and if continued in from 1 to 2 grain doses, four or five times a day, it keeps the vessels in a state of reduced tension. Mattirlo found erythrol tetranitrate very useful in doses of  $\frac{1}{2}$  grain in a case of lead poisoning with high arterial tension. The pain ceased with the reduction of blood-pressure. This is probably the most serviceable of the nitrates for prolonged use. (*American Year Book of Med.*, 1902.)

Tetronitrol, or nitro-erythrol, is solid at the ordinary temperature, but melts at about 60 deg. C., insoluble in water, it is but little soluble in alcohol and in ether, which restricts its therapeutic use to some degree. Huchard prescribes it in tablet and pill form (Laumonier's Nouveaux Traitements, Paris, 1903). This vasodilator has been used but quite recently in this city with wonderful results in a case of arterio-sclerosis, for attacks of angina pectoris. The supply from France being exhausted, none could be found in the city. Correspondence with the Merck firm was most gratifying, as Merck has the chocolate tablets of tetranitrate of erythrol (gr.  $\frac{1}{2}$ ). These can be found in the city right now, and in view of the results obtained, the use of nitro-erythrol is warmly recommended.

SYPHILIS AND LIFE ASSURANCE—Byron Bramwell, M. D., F. R. C. P., F. R. S. E., physician to the Edinburgh Royal Infirmary, etc., concludes that syphilis undoubtedly shortens life, but how far, it was now impossible to say. Since the mortality is always indirect, a statistical inquiry by assurance offices would be long and difficult, but would be possible, and he strongly urged that such should be undertaken. Among points which might be discussed, Dr. Bramwell enumerates: (1) The influence of mercurial treatment in preventing tertiary and para-syphilitic lesions. (2) Does the severity and persistence of the secondary symptoms afford a guide as to the probability of subsequent tertiary and para-syphilitic lesions? (3) When a history of syphilis is disclosed, the importance for the purpose of assurance, of regarding: (a) The physique and constitutional remedies; (b) the family history; (c) the health of the proposer's children; (d) the habits; (e) the occupation, circumstances and surroundings of the proposer.—*The Med. Press. The Indian Lancet*, January, 1903.

SANTONIN FOR "LIGHTNING PAINS."—Courbemale and De Chabert (*L'Echo Médical du Nord*, June 29, 1902) report favorably on the use of santonin in the lightning pains of tabes dorsalis. Given in doses of 5 centigrams ( $\frac{3}{4}$  grain) three times a day, it is effectual in about half the cases experimented upon, not only lessening the pains, but also preventing their subsequent occurrences. The drug seems, however, to have a tendency to pro-



voke gastric crises, so that caution is necessary in its administration. Any signs of the characteristic yellow vision must be the signal for stopping its use.—*The Practitioner*, London, February, 1903.

TREATMENT OF HEMATOMATA WITH OLIVE OIL.—Dr. Camescasse (*Revue de Thérapeutique*, December, 1902) advises the application of olive oil in all cases of contusions and hematomata. No rubbing in is necessary—it is indeed painful and therefore to be avoided—but the oil is simply sprinkled on or applied on lint. If the skin is broken a previous cleansing with some antiseptic is advisable. The mode of action of the remedy is not clear, but the rapidity and effectiveness of its action are said to be remarkable. A black-eye thus treated disappeared so quickly and completely that the victim was inclined to complain on the ground that he had no visible injury to show to the police.—*The Practitioner*, London, February, 1903.

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## Department of Obstetrics and Gynecology.

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In charge of DR. P. MICHINARD, assisted by DR. C. J. MILLER, New Orleans.

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UTERINE FIBROIDS.—In the *Lancet* (Feb. 14) Dr. Alban G. Doran publishes a lecture on this subject and mentions his views on the retention of ovaries or parts of ovaries when doing hysterectomy. This conservative plan has merits, but he believes they have been over-estimated. The following questions are asked:

Whether the period always ceases after hysterectomy with removal of both ovaries; 2, if their removal really involves bad menopause symptoms; 3, if when more or less is left of the ovaries, the period will continue regularly, and lastly, if this preservation of the ovaries will be beneficial.

In his 25 cases in which both ovaries were sacrificed the period stopped, with four exceptions; in one it appeared once in six months; in one it appeared irregularly thirteen months

after operation; in one it kept up for two years, and in the fourth for two years and seven months. As to whether removal of ovaries necessarily causes these bad symptoms: In 21 cases where the menopause was complete after extirpation of the ovaries there were no symptoms whatever in seven, mild and infrequent flooding in seven, and severe symptoms in seven. In six of the last seven there were simply the usual subjective evidences of change of life, severe enough to give discomfort. The seventh developed mania a few months after the operation, but this was simply a repetition of a former attack, and he does not attribute much value to it. Marked corpu- lency developed rapidly in two cases, aged 30 and 50 years. He thinks from the results it is best to leave one or both ovaries if healthy, the more so since it involves a smaller wound, but he does not consider their retention of supreme importance nor does it insure a milder menopause. In nearly 53% of the cases in which more or less was left of the ovaries the period did not appear after the operation, and in five of the nine the menopause was severe. He believes with Abel and Zweifel, in leaving a portion of the uterus above the cervix and mentions that Kelly rejects such a technic. As to whether it is harmful or not to spare ovaries, he points out the possibility of inflammation, or the more serious matter, of their becoming the seat of a tumor. The question of previous hemorrhage has also to be taken into account. He is inclined to doubt the absorption of fibroids, though there is no doubt that they sometimes vanish, and states that the occurrence of ascites as a complication deserves more attention than it has received. The tumors that vanish probably do so by necrosis, or aseptic necrobiosis, a process not rare in fibroids; the nutrition fails and the fibroid softens and disintegrates. This necrosis is a matter of great clinical importance, especially if septic, for it usually produces a certain amount of systemic disturbance and may lead to trouble. One is not justified however, in urging hysterectomy on the grounds that it may become necrotic. Necrotic fibroids do not necessarily affect the appendages, whether they are originally septic or not, the infection is more often from the uterine cavity.

A CRITICAL REVIEW OF THE DISCUSSION ON HYSTERECTOMY for puerperal sepsis at the Fourth International Congress of Obstetrics and Gynecology, Rome, 1902.—In the course of an

extremely interesting review with comments, Dr. Vineberg (American Gynecology, January, 1903) states G. Leopold's classification of severe puerperal sepsis.

*First Group.*—Cases in which pyogenic germs have penetrated the uterus and set up a general peritonitis. Hysterectomy, in these cases, would be useless, for the major infection would now be located in the peritoneum. He believes that these cases should not be allowed to die without an attempt to treat the peritonitis surgically. He thinks the results of Winckel and others in the surgical treatment of puerperal peritonitis show us that it is not so hopeless a condition as many think. The important point is to select the right time. If germs have already penetrated the diaphragm and affected the thoracic organs surgical treatment will usually be too late. The proper time to intervene in general peritonitis is on the third or fourth day if the pulse shows no tendency to increase in rapidity, and if the general signs of sepsis show no abatement.

*Second Group.*—Cases in which the pyogenic germs attack particularly the venous system, and lead to a septic thrombosis. In these cases, the lymph vessels and the peritoneum are slightly or not at all affected. The removal of the uterus as the chief source of the infection will be sufficient in some cases. In others, again, the affected veins should also be removed if the patient's condition warrants it.

*Third Group.*—Cases in which infection principally affects the endometrium and extends and becomes localized in one or other adnexa. The patient has high fever with severe constitutional symptoms; the uterus is very tender, and at one side one can feel an inflammatory mass. This mass is the center of a localized peritonitis which may become general and lead to death. He was able to save two cases by promptly removing the affected tube and ovary.

*Fourth Group.*—Cases in which all the symptoms point to multiple abscesses of the uterine muscularis and pelvic peritonitis. He recalled two cases in which tenderness and flaccid condition of the uterus with evidence of pus collection in Douglas' space, seemed to warrant extirpation of the uterus, but, after opening the abdomen, all the pus in foci in the



uterus and in Douglas' space were searched for and evacuated and drained, and the patients made a slow but satisfactory recovery.

*Fifth Group.*—Comprises cases in which, during labor, severe bruising is inflicted upon pelvic tumors, causing gangrene of the tissues with the subsequent onset of puerperal peritonitis, or its full development. To this group belong cases of myoma of the uterus or irreplaceable ovarian tumors, or growths in the pelvic walls, as carcinoma, which, during labor, for instance, on the application of forceps are subjected to traumatism. It is not necessary, however, in these cases, always to remove the uterus.

*Sixth Group.*—Cases in which putrefaction of the uterus occurs in consequence of retained placenta which in no wise can be removed per vaginam.

Vineberg adds comments and cites some very interesting cases in his own work. He was among the first in this country to advocate hysterectomy, and his review of this subject reflects the thought and convictions of an unbiased mind.

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## Department of Therapeutics.

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In charge of DR. J. A. STORCK, New Orleans.

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**PYRANUM.**—Schlesinger describes a new antipyretic analgesic formed by a combination of benzoic acid, salicylic acid and thymol, being chemically benzoylthymol sodium, benzoyl oxybenzoate. It is a white crystalline powder, soluble in water in the proportion of 1 to 5. Experiments upon the lower animals showed that it has a very low toxicity. Studies made upon the blood pressure in human beings by a Basch sphygmomanometer, showed that large doses cause a slight fall in the pressure, so small, however, as to be within possible physiologic limits. Schlesinger has employed the drug in 146 cases, including such diseases as acute rheumatism, chronic rheumatism,

gout, bronchitis, pneumonia, neuralgia, etc. His conclusions are as follows: In various forms of neuralgic symptomatic pains the remedy shows itself possessed of very marked analgesic powers. In acute rheumatism it lessens both the fever and the pain, exercising an action similar to that of salicylic acid, but without the drawbacks of this remedy, such as depression of the heart, too free sweating and disturbance of the stomach. It was used in a few cases of bronchitis and bronchial asthma with apparently good results, although the number of observations was too small to allow of positive conclusions. Pyranum may be given either in a solution or in gelatin capsules, the preference being for the latter mode of administration. After its administration in capsules the salicylic acid reaction was demonstrated in the urine within 20 minutes. The dose is from  $\frac{1}{2}$  gram to 2 grams (7 to 30 grains), two or three times a day, according to the individual indications. The effect of the drug is greater than would be the corresponding effect of any of its three components in equivalent dose. The results of its administration may, therefore, be attributed to the peculiar combination.—*American Medicine*, March 7, 1903.

PARALDEHYD AS A SOMNIFACIENT AND QUIESCENT IN DISEASE.—Bumke has used paraldehyd in a large variety of diseases and refers to it as being a drug which, when properly prescribed, always produces sleep, and even when continued for a long time is never dangerous, not even carrying with it unpleasant after-effects. On account of its strong odor and taste it should be given highly diluted in very sweet tea or other liquids, but never in beer, wine, cognac, etc. Its dose varies from 3-6 grams (45-90 grains). Natural sleep follows within 3 to 15 minutes and lasts from 5 to 8 hours. Cases of paraldehyd poisoning and habit have never been observed by him. In only a few cases of violent mania and other forms of insanity have the results been disappointing, and in such cases, hyosein hypodermically has had to be resorted to. It produces sleep by diminishing the excitability of the brain. Its after-effects are mydriasis and diminution of the secretion of saliva and sweat. Death due to poisoning with it has never been reported.—*American Medicine*, March 7, 1903.

ELECTRICAL ANESTHESIA.—Attention has been called by Ledue (*Medical Press*) to a method of anesthetizing animals with electric currents, with a view to its probable utility in the case of humans.

The constant current is applied to the shaved head of the animal through an interrupter giving from 150 to 200 breaks a minute. The electro-motor force is gradually but quickly increased until the body is thrown into a state of tonic contraction, when the animal falls down, respiration suspended. The current is then reduced until respiration is restored, and at this stage the animal is in a state of quiet narcosis, cerebral activity being entirely suspended. This unconscious state can be maintained for at least two hours without injury, and consciousness returns as soon as the current is off.

Not only has the experiment no injurious effect, but the animals were often particularly lively, as if under the influence of a stimulant. When applied in the manner indicated, that is to say, quickly, the sensation, as far as one could judge, was not disagreeable; but when, on the contrary, the strength of the current was increased very gradually, the animal passed through a period of clonic spasm. The current recommended is one of from 12 to 20 volts, with 2 to 10 milliamperes intensity, and about 200 interruptions per minute. By this means, moreover, perfect anesthesia of the region innervated by a particular nerve trunk can be painlessly obtained.—*Therapeutic Gazette*.

YOHIMBINE AND ITS USES.—Yohimbine is an alkaloid obtained from the bark of coryanthe Yohimbé, of the formula  $C_{23}H_{32}N_2O_4$ . It is marketed only in the form of its hydrochlorate, pure and in  $\frac{1}{12}$  grn. tablets. Its action is that of an aphrodisiac, and it is employed in impotence, particularly in the neurasthenic forms of the latter. The dose is 20 to 30 drops of a  $\frac{1}{2}$  per cent. solution, or 1 to 2 tablets, three times daily. In acute or chronic inflammations of the genitalia, especially in orchitis and epididymitis, yohimbine is said to be contraindicated.—*Merck's Archives*.

MENTHOL FOR LOCAL APPLICATION.—The following combination, containing menthol, is recommended by Kuehl in *West. Druggist, Jour. A. M. A.*, for local application as a liniment:



R

Menthol.....	gr. xv	1
Spts. chloroformi .....	ʒi	4
Spts. camphoræ .....	ʒiiss	10
Spts. saponis .....	ʒi	30
Olei gaultheriæ.....	ʒss	2

M. Sig.: Apply locally.

SODIUM CHLORID.—From experiments carried out on himself, Stookey concludes:

1. Excessive quantities of sodium chlorid apparently exert an inhibitory influence on hydrochloric acid secretion and thereby may impede gastric digestion. (This is in harmony with Miller's observations.)

2. The ingested sodium chlorid is apparently not directly converted into hydrochloric acid in the stomach to the extent—if at all—which one might theoretically expect, assuming the theories of Koeppé and Brach to be tenable.—*Medical News, Jour. A. M. A.*

## Department of the Ear, Nose and Throat.

In charge: of A. W. DEROLDES, M. D., and GORDON KING, M. D.,  
New Orleans.

THIOSINAMIN IN CHRONIC OTITIS MEDIA.—Based on the theory that thiosinamin has the physiological effect of promoting the absorption, or of softening hyperplastic fibrous tissue in the body when administered internally, the drug has been tried in the treatment of certain forms of chronic middle ear affections in which deafness results from hyperplastic deposits and sclerotic changes in the conducting media of the ear. Somers reports encouraging results in a limited number of selected cases. Three to six grains are administered daily by mouth or hypodermatically for five or six weeks. No untoward effects result from its use.—*Therapeutic Gazette*, February 15, 1903.

SUPRARENAL EXTRACT IN HAY FEVER.—Many varied opinions have been expressed of late concerning the efficacy of the

suprarenal preparations in the treatment of Hay Fever. J. Payson Clark, of Boston, reviews the subject and draws some conclusions which have some important bearing on the subject. He has made use of the aqueous solution made of the dessicated gland, the extract with chloretone, and the solution of adrena-line chloride, now generally used. He finds the latter preparation the most efficacious and less likely to cause irritation.

His personal observation and experience with the drug has led him to the following conclusions:

(1). In simple vasomotor rhinites, with no discoverable local abnormality and no general dyscrasia, suprarenal extract used locally, appears to give favorable results in a large proportion of cases, either entirely preventing, or much diminishing the severity of the symptoms.

(2). In cases of hay fever in which there is some local abnormality in the nose, the suprarenal extract does not act favorably until such abnormal condition is remedied, and then it may be found to be unnecessary.

(3). In cases in which there is a rheumatic or allied dyscrasia, the suprarenal is liable to cause some reaction at first, and in any event does not act as favorably as in uncomplicated cases.—*Boston Medical and Surgical Journal*.

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## Department of Ophthalmology.

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In charge of DRs. BRUNS AND ROBIN, New Orleans.

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COMPLETE PTOSIS FOLLOWING GRIPPE.—We extract from the *Recueil D'Ophtalmologie*, a report by Dr. Jacqueau of a man, aged 53 years, of good, personal and hereditary history who had suffered from a severe attack of grippe two months previous. This lasted three weeks and the patient appeared well when four or five days later he noticed a ptosis of the left eye followed the next day by the same condition in the right eye. The case presented a typical complete Ptosis. Careful examination showed no involvement of the external ocular muscles or of the eye

ground and positively no sign of syphilis or tabes. The conclusion reached by Jacqueau was a paralysis due to post-grippal infection.

A USEFUL EYE-WASH.—One of the best eye-washes is the borax-boracic, the well-known "B. and C.," made after the following formula:

℞ Sod. biborat	
Ac. borac, aa.....	gr. x
Ag. camph.....	ʒi
Aquæ ad.....	ʒi
S. Drop in eyes <i>ad libitum</i> .	

This is pleasant and cooling, and is indicated in cases of conjunctival hyperemia or mild catarrh. It makes an excellent mildly astringent detergent, free from irritating properties, after operations on the eye and has the great advantage of doing no harm when it can not do good, a property unfortunately not possessed by many of the applications too often made use of when diagnosis is uncertain and, may be instilled with a dropper or used in an eye cup.

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## Miscellaneous.

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RADICAL OPERATION FOR THE CURE OF VARICOSE VEINS.—The case illustrated the open method of removing the entire internal saphenous vein for varicosities. The entire vein-trunk is removed through three one-inch incisions, the first incision being made just below the internal saphenous opening, the vein being ligated and cut in two. The end of the vein to be removed is then held in the grasp of forceps, and with the fingers and knife-handle is dissected subcutaneously from the surrounding areolar tissue, all afferent veins being torn in two. The second incision is then made on the inner side of the knee, in the course of the vein, and with knife and handle and fingers a similar subcutaneous dissection is made upward, and this part of the vein withdrawn through the second incision. Dissection is then made downward under the skin toward the ankle as far



as possible, the third and last incision being on the inner side of the leg just above the ankle. Through this incision the entire length of vein is withdrawn. There is no after-bleeding under the skin when the tourniquet is removed if a tight, snug dressing is applied. The only objection to this operation is the possibility of sepsis, which can most certainly be obviated to a certain extent if the operator wears rubber gloves. Remarkable as it may seem, only one ligature is applied during the entire operation. The entire vein is removed without a single afferent vessel being tied.

The vein removed from the patient was exhibited. It was a perfect specimen of extreme calcification. The large afferent branch, which was torn in two without ligation was distinctly evident. The speaker expressed the opinion that as soon as catgut can be eliminated from these operations, so soon will all danger of sepsis be done away with, for each and every piece of catgut is a potential in the production of sepsis.

Before operation for the removal of this vein, he had succeeded in healing an extensive ulcer of the leg, which had resisted all efforts at cure for twenty years. The method by which this was accomplished was first described by Dr. Hodgen, of St. Louis, away back in the seventies. After confining the patient in bed for a week or two and applying stimulating dressings to the granulation bed of the ulcer, it was in proper condition for operation. The soles of the patient's feet were partially sterilized by the application of a 10% boric acid ointment, after repeated washings. The epithelium was then scraped from the soles of the feet, dried in a warm sand-bath. and sifted over the bed of the ulcer twice each week until healing was complete. It was an efficacious and ready method of skin grafting. What is remarkable is that dried, dead epithelium scraped from the soles of the feet will become vivified and will proliferate and unite upon a proper granulation bed. It would seem that the life of the epithelium cell is almost indestructible.—*Dr. Bodine*  
—*Report Clinical Society of N. Y. Polyclinic.*

## Society Proceedings.

### Orleans Parish Medical Society.

MEETING OF FEBRUARY 28TH, 1903.

DR. GRANER in the Chair.

Dr. JNO. SMYTH read a

#### **Preliminary Report of Four Cases of Epithelioma Treated by X-Ray.**

CASE I.—Female, white, age 62, family history negative. Had epithelioma middle of forehead, irregularly oval in shape long diameter  $2\frac{1}{4}$  inches, short diameter  $1\frac{3}{4}$  inches, adherent, with indurated and elevated edges—about two years standing—complained of severe pain over left eyebrow and anterior half of scalp. General health fair.

Pain relieved after 4th exposure, tendency to heal shown after 11th exposure. Dermatitis after 20th exposure and again after 29th exposure.

Surface entirely healed after 49th exposure at average distance  $5\frac{1}{2}$  inches, average time 6 minutes, presenting smooth scar with some induration in upper right border.

Remained healed for 33 days when she accidentally struck it against the corner of a stove door; this was followed by marked inflammation and rapid ulceration, attaining in 10 days an area of  $1\frac{1}{2} \times 1$  inch. Pain in scalp returned.

X-Ray again applied and now after six exposures, 6 in., 6 min., three times a week for two weeks, ulcer shows signs of healing and pain subsided.

CASE II.—Female, white, age 50. Epithelioma left side of upper lip about the size of a silver half dollar.

First appeared as a wart about 8 or 10 years ago—this dropped off about 4 years ago, leaving a small ulcer. During the last year, had grown more rapidly. Had no pain, only slight, burning sensation at times. General health good.

Twelve exposures, average distance  $5\frac{1}{2}$  inches, average time 5 minutes, with moderate tube. Treatment commenced August

16, 1902. Improvement after 10th exposure, following mild dermatitis.

September 10th, area reduced about  $\frac{2}{3}$  and presented healthy granulations. Patient left for her home in the country. She visited the recent Carnival in this city, and called at our offices, reporting that the ulcer had been healed since early in November, 1902, and upon examination, I could detect no evidence of disease. The scar was circular, smooth, and about the size of a silver 25 cent piece.

CASE III.—Female, white, age 62 years. Epithelioma lower portion of middle of forehead  $\frac{1}{2}$  inch in diameter, protruding  $\frac{1}{4}$  inch, slightly nodular surface, no ulceration. Red, tense and movable, no pain.

First appeared six years ago as a small, red elevation, which has increased in size more rapidly during last six months.

Patient's general condition fair—gave the appearance of alcoholism, though would not admit such history.

Twenty-eight exposures reduced growth to about the size of a split pea. Patient failed to return for seven weeks, when she came to show me that the lump was entirely gone.

Exposures in this case were given three times a week. Average distance  $5\frac{1}{2}$  inches—average time  $5\frac{1}{2}$  minutes; mild dermatitis at time of eighth exposure immediately followed by improvement. The resulting scar is smooth, slightly depressed and resembles somewhat a small recent vaccination scar.

CASE IV.—Male, white, age 49 years. Epithelioma, left side of neck, about  $\frac{3}{4}$  inch in diameter, presenting a hard, dry crust on an indurated and slightly redened base.

Patient first noticed, about 18 months ago, crusts continually forming, which he persistently removed, until about three months ago when he found the crust more difficult to get off. At time of eighth exposure, slight dermatitis was produced; eight days afterwards the crust came away, leaving a superficial granulating surface, about one inch in diameter, which healed after the seventeenth exposure.

Dermatitis at time of twenty-sixth exposure resulted in destruction of scar tissue and exposure of granulating surface, with some softening of formerly hard base.

At time of thirty-fifth exposure this was healed, presenting a smooth surface, with the exception of a small nodule about the



size of a No. 6 shot in the upper anterior margin of the scar. A total of 40 exposures were given at average distance 6 in., average time  $5\frac{8}{10}$  min.

This patient was seen 23 days after last exposure and the nodule was scarcely perceptible. Scar looked healthy and no evidence of recurrence.

CASE V.—This is a case of rodent ulcer on right temple in male patient, 66 years of age, mentioned some months ago in a short preliminary paper before this society. Originally  $3\frac{1}{2} \times 4\frac{1}{2}$  c. in extent—reduced to a loose scab about the area of cross-section of an ordinary lead pencil. Later news from patient reports complete recovery and no evidence of recurrence after three months.

#### REMARKS.

Points of special interest developed by the treatment of these cases are:

1. CASE I.—Shows extensive ulceration of forehead of 2 years standing in patient of 62 years, healed in 49 exposures. Very marked inflammation and rapid destruction of the scar tissue following traumatism after apparent recovery. Ulceration again apparently under control after six applications, over a period of two weeks.

2. CASE IV.—Shows a very superficial growth of lateral surface of neck in patient of 49 years, 18 months comparatively resistant to treatment. Treatment had only slight effect upon induration until dermatitis produced a second time.

3. CASE II shows a superficial growth of upper lip extending over a period of 8 or 10 years, in patient aged 50, readily effected by X-ray, and cure following 12 exposures, about 25 to 30 days after date of last exposure.

4. CASE III. Protruding growth of forehead in woman aged 62 years, unaccompanied by ulceration or adhesion, cured by 28 exposures in about four weeks after last exposure.

5. CASE V shows rodent ulcer of 19 years standing, in temple, man 66 years, persisting after various means of treatment had failed; cured in 34 applications; healed completely about three weeks after last exposure.

6. In all these cases of surface epitheliomata improvement followed, or its rate was apparently accelerated by mild dermatitis.

7. From cases I, II, III and V we would conclude that the slower the growth, the more readily affected.

8. From cases II and III it would appear that the superficial horny varieties of epithelioma are most easily cured.

9. From II, III and V continued improvement and cure, after application discontinued, would suggest that intermittent treatment might be more successful than prolonged uninterrupted applications.

In conclusion, I would add that all these cases, as well as a large group of epithelial and other tumors not yet reported, have been treated in the joint offices of Drs. Matas, Clark and myself, and will be the subject of a more complete report in a publication now in course of preparation by Dr. Matas and ourselves.

#### DISCUSSION.

DR. PERKINS thought that Dr. Smyth's paper plainly showed the efficiency of the Roentgen ray in the treatment of superficial growths. He did not believe that the influence of the rays would prove to be of much value in the deep malignant neoplasms. In chronic ulceration from other causes he had found the treatment quite valuable; the healing process is slow, but undoubtedly this treatment is effective. In deep-seated growths of the liver, stomach and spleen he had little faith in its use. Some superficial carcinomata are cured. The doctor related the case of a recurrent carcinoma of the breast which had been operated on several times, followed each time by a return. After the use of the X-rays an apparent cure had been effected. He almost felt that in superficial epitheliomas he could positively state to the patient that a cure would follow. In a syphilitic case he had used the rays on an ulcer, against his wishes, but in compliance with the desire of the patient and attending physician, to lose no time in case the ulcer should prove to be malignant. In this case he believed the ray had produced a stimulating influence on the process of granulation.

DR. JOACHIM believed that the use of the rays on certain cases produced wonderful results. He wished to know if any mem-

ber of the Society had been able to formulate any theory as to how they produced their effect. Dr. Joachim asked as to the relative merit of this new method of treatment in cases of indolent superficial epitheliomata in the aged, as compared with that of the old or surgical method, which consisted in scraping, excision, etc., followed by the application of lactic acid, caustics, etc. He believed that in superficial cases of limited extent, the ray was not more efficient, having in mind many cases of this kind which yielded readily and speedily without recurrence. He was especially anxious to see the outcome in deep-seated malignant growths by this method, for in this class of patients satisfactory results have not as yet been obtained, and he was in hopes that greater knowledge of the means by which Röntgen rays cured would enlarge their use in suspected cancers and other conditions.

DR. NELKEN related the case of an old woman, constitutionally below grade, who had come to him having an epithelioma of the upper lip, near the angle of the mouth. It was a little larger than a five-cent piece. He had cauterized the ulcerated surface with stick caustic potash. A cure resulted in three weeks. He thought with Dr. Joachim that the X-ray was frequently unnecessary in this class of cases, for a cure can be effected more speedily by the ordinary surgical method. He was anxious to learn what effect this light would have upon serpiginous chancroid. In this type of case he thought the agent would be of great benefit to the profession if successful, and he believed that it deserved a trial.

DR. PERKINS, in reply to Dr. Joachim's inquiry as to the theory formulated by some of the experienced men, was inclined to believe that the X-rays produced their effect by inducing some chemical change in the tissues and thereby causing a formation of katabolic products in the cells, which, when absorbed might even produce a form of septicemia. He thought that the X-ray was far superior to the original method in superficial structures; the deformity that usually accompanies the use of the knife was by this treatment avoided, the scar remaining much softer, smoother and less painful. As to the expense, he did not think that the former was by any means in excess of the latter, and he had seen cases which had been cured for a mere pittance when treated by the X-ray, when patient had



previously spent over a thousand dollars for surgical treatment and in the end did not obtain a cure. Dr. Perkins never advised the use of the ray when in his judgment the surgical method could be advantageously employed. When possible, he had advised the removal of the disease by the knife, to be followed by the use of the ray. In the superficial growths it was impossible to tell what extent of tissues was involved, and if attacked by surgical method a wide area of healthy skin must frequently be sacrificed to insure against recurrence. By the use of the X-ray the deformity or additional loss of tissue could be avoided and yet an extensive area be covered, making one feel that no diseased structure had escaped.

DR. CLARK thought that Drs. Joachim and Nelken had not properly valued the use of radiotherapy, since he believed that one following the many reports in the current literature would believe differently. Dr. Perkins' remarks had covered some very valuable points wherein the ray was more valuable than the surgical methods previously followed. About the question of deformity, especially in growths on the face, which is their favorite location, he believed that there was no comparison between the two. Several cases were cited where surgical efforts had repeatedly failed to prevent recurrence, when, with the use of the X-ray, the cases were permanently cured. Dr. Clark believed that in the future radiotherapy would devolve itself into an agent especially valuable to the dermatologist, wherein many skin lesions, such as lupus, acne, eczema, hypertrichosis, etc., would be most satisfactorily treated. This new agent, he thought, would become a well-recognized and trustworthy therapeutic measure; just now many reports were being published on its use, and in the course of a few years the most definite conclusions would be reached, placing the Röntgen ray as a most positive factor among the remedial agents of medicine. He believed that wherever the opportunity was possible, members of the profession should try to find the limit and field of application of this new remedy. Experiments and observations can be made by any medical man, be he inclined to surgery or the general practice of medicine, since it in no way interferes with his special line of work, and any one contemplating an actual investigation in this direction, will find it a most interesting and fascinating study, which can be carried on

without in the slightest interfering with his usual professional responsibilities. In their office quite a large number of cases had been treated and in the course of a few months a complete report will be made of their work, from which he hoped some valuable conclusions would be deducted.

DR. JOACHIM did not wish to be understood as being unappreciative of the value of this agent, but his previous remarks had been mainly intended to refer to those cases of epithelioma about the size of a half dollar occurring particularly in old people. Cases which resisted other treatment formed an ideal field for its use. This applied to other conditions as well as superficial cancers.

Dr. Jacoby referred to Dr. W. B. Coley's paper on the use of the ray in sarcomas; he had been favorably impressed as to the value of the ray when used in such cases; wished to know had any cases of keloid as yet been treated by any member of the society, who used the x-ray.

Dr. Nelken said that his remarks had been directed mainly at those cases mentioned in Dr. Smyth's paper.

Dr. Smyth, in conclusion, said that he had not treated any cases of keloid. In cases 1 and 5, the ulcerated process was adherent and inoperable.

Dr. A. Nelken read a paper on

### A Case of Syphilitic Fever.

The brief report of the following case, while it offers nothing new on the subject of syphilitic fever, will, I think, serve to emphasize the difficulties frequently present of making a diagnosis when the only clinical symptom offered is abnormal temperature.

The patient is a white male, aged 17, with a negative family history. I first saw him on December 29. He had two small, punched out ulcers on the under surface of the penis, situated near the median line and just about the scrotal junction. The inguinal glands on the left side were swollen and painful.

He stated that he had had intercourse for the first time four days previous.

The infection was evidently chancroidal, and as the sores were small I ordered a simple antiseptic wash and a mild dusting

powder. Mercurial inunctions and rest were ordered for the inflamed glands. The sores spread and coalesced in spite of antiseptic treatment and three days later I cauterized the entire infected area with fuming nitric acid. Rest in bed was ordered with an ice bag over the inflamed glands.

The sore left after cauterization healed very slowly, but in four weeks was entirely well.

The gland inflammation growing progressively worse three days after using cold applications, they were discontinued and heat used instead. Two days after this I incised the inflamed area under cocain anesthesia and released a small quantity of pus. This wound also was very slow in healing, and at present there is still a small superficial sore.

I might say here, *en passant*, that I believe the aborting of suppurative adenitis is a delusion. The rational treatment of these conditions is the early incision and removal of all the inflamed glands with or without drainage. If done before the glands are matted together by inflammation and distended with pus this is ordinarily a comparatively simple procedure.

Six weeks after the inception of the trouble, and when the patient was getting around as usual, he was suddenly taken sick with pain in the right thorax and temperature  $102\frac{1}{2}$  F. Examination of chest was negative. The next day pain had shifted to the left side in the region of the nipple. This, however, was neither severe nor constant. Examination was again negative. Temperature 101. The following morning temperature was 97, rising to 100 in the afternoon. This continued for about a week, temperature being sub-normal in morning and rising to  $99\frac{1}{2}$  to 100 in the afternoon. Then it took a remittent type,  $99\frac{1}{2}$  in the morning and rising as high as  $102\frac{1}{2}$  in the afternoon. Quinin in large doses had no influence on the temperature curve.

There was slight morning expectoration but examination of chest was negative. Repeated examinations of sputum failed to show the tubercle bacillus. An examination of the blood made by Dr. P. E. Archinard showed it to be free from plasmodia, but with some anemia and an increased number of white blood corpuscles.

The possibility of the primary sore having been due to mixed infection, had, of course, been considered, but I had been



waiting for some more conclusive evidence of constitutional poisoning.

The inguinal glands on the right were much enlarged, and there was likewise a slight enlargement of the post auricular. The glands at the elbow could not be made out.

No other evidence of syphilis presenting itself—if we omit a few pustules on the left cheek which seemed more to resemble an acne—and the temperature showing no tendency to abate, I determined to try specific medication. The first day he was given 1-6 gr. proto-iodide three times. This was increased 1-6 gr. each day until he was taking 1-3 gr. of the proto-iodide of mercury three times daily;  $\text{Si}$  of peptomangan was ordered after meals. The day treatment was begun, temperature did not go over  $99\frac{1}{2}$ , the following day not over 99, and then remained normal for a week. A severe follicular tonsillitis gave him 104 deg. fever, but he was again well in two days. His temperature has been normal now for more than a week, his complexion has cleared up, his color is much improved and he is generally in much better physical condition.

While the rapidity with which temperature appeared to yield to mercury justifies a suspicion of the correctness of the diagnosis, still I feel warranted in my position by the elimination of all other probable sources of fever, by the development at the time when we would expect to see it follow the initial lesion, and by the blood examination showing anemia and leucocytosis—a condition which has long been recognized as existing in syphilis.

All authorities agree as to the frequency of syphilitic fever and its irregular course. Usually it is much more transient, and pain, especially at night, is a prominent feature. It precedes the eruption and usually ceases with the appearance of the skin lesions.

Not infrequently, however, it is with difficulty separated from the temperature of malaria, typhoid sepsis, and, when accompanied by papular and pustular eruption, from small-pox.

Janeway, of New York, reports several cases which had been referred to him as being tubercular and which got well rapidly under mercury.

I recall one case occurring some years ago in the Charity Hospital, which was treated for several weeks as typhoid fever, and,

showing no tendency to get well, was put on iodide of potash, when recovery was almost immediate.

#### DISCUSSION.

DR. LAZARD did not believe the case to be one of syphilis. The period of incubation is unusually short, that of four days being quite out of the ordinary, and the unilateral inguinal glandular enlargement points against syphilitic infection. The case seemed to him to be one of sepsis from some glandular infection.

DR. LEBEUF wished to know, was the temperature sudden in onset? The case was in some way suggestive of recent cases of grippe, especially of the tonsillar type. He had seen as low a form of temperature in ambulatory grippe.

DR. DABNEY had never seen a case of syphilis develop four days after exposure. He thought that the benefit derived from the mercury was suggestive of intestinal auto-intoxication. The pus in the gland showed that the fever may have been of septic origin. He had seen suppurating glands in syphilis, but rarely. When such occur it is usually in old and neglected cases. He did not believe that syphilis could be cured in a few days, and that Dr. Nelken could not be positive that this was syphilis until due time had been given for the secondary manifestations.

DR. JACOBY believed that unless the lesion or primary chancre were unmistakable the patient should not be branded with the stigma of syphilis. He felt it was always better to wait for the secondary lesions to develop before beginning treatment, if the physician did not feel perfectly satisfied that the case was one of syphilis. If there were any question of doubt, there should be no hesitancy to delay the treatment.

DR. NELKEN, in conclusion, said that he was aware that four days' incubation was not the rule in syphilis, and he had distinctly stated that he considered the case one of mixed chancreoid and syphilitic infection. However, it might be interesting to note that such a short period of incubation was not an impossibility in syphilis, there being at least one case on record where a typical chancre had developed on the finger of a physician 24 hours after being punctured during an operation on a syphilitic subject.

Dr. Le Beuf's suggestion of grippe had occurred to him and he believed that the follicular tonsillitis coming after temperature had been normal for a week and subsiding in two days, was due to grippal infection. He did not believe that intestinal auto-intoxication could be reasonably advanced as a cause for the fever. He had found that physicians were at times prone to attribute undiagnosed fevers to intestinal absorption when at a loss to assign a more plausible cause.

Dr. S. M. D. CLARK reported a case of

### **Acute Lymphangitis of the Upper Extremity.**

C. F., a well nourished male, age 18, clerk by occupation, giving a negative personal and family history, came to my office at 12 o'clock Sunday, February 15, suffering acutely from an infected wound of the hand. The patient stated that sometime during Saturday he had pricked the end of his finger with a pen-point, but it being of such a trivial character and producing little or no pain, he gave the incident no further thought. He retired at the usual hour Saturday night, feeling perfectly well and there was no evidence of inflammation at the point where the pen had penetrated; but at about 2 o'clock that night he awakened suffering from a throbbing sensation in the end of the injured finger. Every effort was made to sleep, but the pain being of such a severe character he found it impossible. At daylight he could detect several red lines running along the sides of the finger and posterior surface of the hand. The red lines increased in number and progressed along the arm, the pain continued unabated, his head began to ache severely, and at the time my office was reached the patient was restless and had the appearance of being quite ill.

On inspection of the hand a small, dull-red area could be detected near the base of the nail of middle finger on right hand, marking the spot at which the pen-point penetrated. From this point distinct red lines progressed along the lateral borders of the finger, the lines increasing in number upon reaching the back of hand; they coursed along the posterior surface of the forearm, and at the junction of the elbow the lines seemed to divide, some dipping into the epitrochlear glands and travel-



ing along the inner surface of the arm, emptied into the axillary gland, while the remainder continued upward on the outer surface. The patient having a clear and fair skin caused the red tracings to stand out in bold relief and from them a perfect study of a portion of the superficial lymphatics of the upper extremity could be made. There was general tenderness along the arm, especially over the inflamed lymphatics. The glands were exceedingly painful to the touch, the axillary glands were swollen and tender. The patient's temperature was  $103\frac{1}{2}$ , pulse 115, eyes injected, flushed countenance, heavy breath, tongue coated and he showed evidence of being in great pain.

It was appreciated that an unusual and rapidly progressive infected lymphangitis was present and immediately the most radical treatment was inaugurated. After cleansing the digit, Schleich's solution was infiltrated into the dull-red area marking the focus of infection. A crucial incision was next made and the flaps cut away, leaving an exposed area, to which was applied pure carbolic acid for the period of one minute, followed by the free application of alcohol. After packing the incised area with iodoform gauze the digit, as well as the inflamed lymphatics on the lower two-thirds of the arm, were painted with pure carbolic acid, which was left on for about 45 seconds before using the alcohol. Pure ichthyol was painted over the entire inflamed area above the point reached by the carbolic acid. Gauze was liberally applied to the entire extremity, then placed upon a straight splint and the patient directed to go home to bed, where the arm was kept elevated and the dressings frequently wet with a hot one per cent. lysol solution. Six ounces of Hunyadi water were given, icebag applied to head, large quantity of water ordered to be taken internally and three grains of thermol prescribed for reduction of temperature. By 6 o'clock the same afternoon the temperature was reduced to  $100\frac{1}{2}$  deg., pulse 100, the patient was free from pain and by 11 o'clock that night the temperature had reached the normal point, at which it remained. The wet dressing was continued that night and all applications were removed, the arm bathed and the finger placed upon a splint. The day following the patient was up, a collodion dressing was applied to the point where the incision was made and the patient discharged.

No doubt you have all encountered in your practice this class of minor surgery, which we know, if taken early and actively treated, will yield kindly, but if seen late and handled in a desultory manner, will prove most serious, if not fatal. This case impressed me as being extremely rapid in its onset and called for prompt and vigorous action. In the treatment of such cases we are all anxious to know what line of treatment gives the best results and can be looked upon as being the most reliable and trustworthy agent or agents. The question arises in the treatment of this special case, to what part of the procedure do we especially owe the rapid subsidence of the acute inflammation.

At our last meeting the question of carbolic acid and alcohol was freely discussed, and it was with much interest that I employed this agent. The skin over which the carbolic acid was applied showed no evidence of ulceration after the removal of all dressings, but only the superficial horny layer desquamated a few days after the part was liberated. Whereas I do not mean to make any specific claims for the carbolic acid or alcohol part of the treatment in this case because other agents were used in conjunction with it, I do believe that the acid and alcohol is a most valuable agent when used alone in such cases, and in this special case I believe it played a most important part in the destruction of the micro-organism in the focus of infection and too, produced a subsidence of the lymphangitis in the area to which it was applied. This being the first case in which I had applied carbolic acid over a large area, I hesitated to paint the entire extremity, but should such an occasion arise again I would now feel perfectly safe in applying the acid over the arm, leaving it on for a period of forty-five seconds to a minute, to be followed by the thorough rubbing in of alcohol.

In conclusion, I believe that in carbolic acid and alcohol we have a most valuable and trustworthy agent in the treatment of just such cases as this, and in the future will not hesitate to employ it liberally over an area as extensive as the upper extremity.

#### DISCUSSION.

DR. PERKINS said that he had waited to hear some of the general practitioners mention the value of tincture of iodine in certain cases of acute lymphangitis. He did not mean to advo-

cate tincture of iodine in cases similar to the one just reported by Dr. Clark, for a very active and dangerous infection was in progress and required the most vigorous treatment; but he did believe that in many ordinary mild cases tincture of iodine was a very valuable agent. He had used the tincture frequently in some office cases with very good results. In Dr. Clark's case the carbolic acid and alcohol treatment had borne the usual good results and he was glad to see this application being used by the profession, for he believed that as it is more generally used, it will become more popular and relied upon as a trustworthy agent.

DR. MAINEGRA mentioned that he had used tincture of iodine painted on the inflamed surface, but as a rule, combined it with cold applications. He felt that the cold applications were as beneficial, if not more so, than the iodine.

DR. CLARK, in closing the discussion, said that he had reported the case mainly because of its rapid course of invasion and also its rapid subsidence under the course of treatment followed, which he believed owed much of its virtue to the part played by the carbolic acid and alcohol. Up to this case, he had felt a slight hesitancy in using the pure carbolic acid over so large an area, but he now believed that by painting medium sized areas with the acid, followed by the alcohol, this plan to be continued in rapid succession until the entire area had been covered, no unpleasant symptoms would be developed. Though carbolic acid is a recognized poison, still with the alcohol he felt that the acid's poisonous effect was absolutely under control and that the great value of the acid as a germicide could be derived without realizing any of its injurious action.

DR. JOACHIM spoke of a case of syphilis in which he had used the preparation known as cypridol, and wished to mention to the members of the Society that he had obtained unsatisfactory results, and did not believe that it was an agent to be relied upon.

#### MEETING OF MARCH 14, 1903.

DR. GRANER in the Chair.

DR. JOACHIM wished to bring before the Society

#### **A Case of Cleft Palate,**

two of which he had recently operated. The case served to demonstrate a complete surgical success when given the benefit



of the operative treatment now in vogue. In the doctor's experience the most gratifying results had been obtained in the two cases, in which he employed Wolf's method of uranoplasty and staphylorrhaphy. In the case of the boy, who was present, union had taken place, with the exception of a small part of the uvula. The union of the uvula was highly desirable for the functional results were largely dependent upon an intact soft palate. The doctor advocated a change as to the time in which the operation should be performed. He believed that the operation should be performed at the earliest opportunity, as the great danger and the high rate of mortality in the very young had been overcome by following the recent technic in the performance of this operation.

The case was shown to the Society and examined by the members present. The boy was made to speak and the voice, as stated by Dr. Joachim and the boy's father, had greatly improved when compared with the time previous to the operation, when the child could be understood only with the greatest difficulty. The old authors disliked very much to have such cases come to them for treatment, and even the most eminent surgeons at that time looked upon the difficulties of the operation as almost insurmountable. The operation as now performed is believed by the doctor to be at times a life-saving procedure, for in many cases with both cleft palate and harelip and with a complete cleft, the child was unable to properly nurse and would sooner or later develop a condition of marasmus, whereas, when the cleft was restored, the power of sucking was made possible.

The surgical method now employed differs more in detail than in principle from the old. The chief cause of mortality in early infancy by the old method of operation was due to the loss of blood. To the very young every drop of blood ought to be saved. The mucoperiosteal flap is to be loosened in two sittings, if necessary. The incision is made near the alveolar margin from the edge of the hard palate forward, leaving the broadest possible anterior attachment. By performing the operation in one, two and even three stages, according to the age of the individual, the amount of blood lost can be reduced almost to a minimum. In the very young, it is best to do the operation in three stages. The patient should be placed in Rose's

position, with head toward a window. This position greatly facilitates the operator's work and combined with the mouth gag (improved American Whitehead), with its tongue depressor attachment, the field of operation can be thoroughly exposed. The benefit of performing the operation at different sittings was in one word the prevention of loss of blood. In children, after making incision, the hemorrhage can be controlled by compression, then the flap is lifted up by suitable periostotoms, first on one side then on the other and the condition left in this stage for five or six days until the child recovered, when the second operation is to be performed by loosening the flap on the other side in a similar manner. If any hemorrhage should occur it is easily controlled by compression and the parts are left in this state until recovery again occurs. Frequently no hemorrhage occurs when the flaps are again loosened before the final operation. At the third stage, when the flaps are finally brought to their desired position, the margins are efficiently pared and the sutures inserted. The uvula should be pared very slightly and sutured in the mucous membrane only, owing to the great ease with which the soft palate sloughs. The doctor had found the modified Langenbeck needle the most satisfactory in this class of work. A fine double-edged knife is most advantageous to take off the margin of flaps. Silver sutures are to be employed in closing the wound with intervening silk sutures. The sutures should be placed from the fore backward, using a modified Hagedorn needle holder. The doctor demonstrated the special instruments necessary for this operation, while recounting the steps and details of the operation. It is by the observance of all these details that good results were accomplished. The proper management, after the operation in early infancy, is of extreme importance. Dr. Joachim thought a great triumph for the surgeon is achieved in restoring children's malformed mouths, for frequently when at school, or playing with their associates, they were the object of ridicule, and it gives the operator who relieves a child of this misfortune the proud satisfaction of having accomplished a humane and worthy deed.

#### DISCUSSION.

DR. PERKINS thought the society was indebted to Dr. Joachim for bringing his case before them. He believed it well to have

emphasized before the general practitioner what could be done by the specialist with this class of unfortunate children.

DR. DUPUY believed that the most prominent point to be insisted upon in the performance of this operation was the securing of a united soft palate, the effect on speech depending largely upon the character of the soft palate given the patient.

DR. OECHSNER, in his experience, had noted the great readiness with which the uvula would slough. The functional results of the operation depended so greatly upon the uvula that he felt that it should be strongly impressed upon every one interested in this class of work that the uvula is most susceptible to necrosis from the slightest traumatism, and it is to be manipulated with the greatest care if satisfactory results are to be obtained. The doctor had seen cases of children suffering with complete cleft, which accomplished the act of sucking quite readily, it appearing that the mother's breast, when nursed, would fill and close the cleft by moulding itself in the defect. He did not believe there was to be any set rule as to the age at which the operation should be performed; each case should be determined upon its individual merits. Regarding the size of the flap, he would like to know if Dr. Joachim had ever noted any case of necrosis following this large denudation of bone, and also what were the statistics on Brophy's operation in this class of cases.

DR. CLARK wished to know did Dr. Joachim experience any difficulty in protecting the silver wire sutures from the tongue, and what length of time did he permit the sutures to remain in the tissues. He also asked if any trouble was experienced in the removal of the sutures. He had heard Dr. Matas, in lecturing before his surgical class, especially caution the students against the dangers of the Brophy operation, since it inflicted dangerous traumatism to the parts, which frequently ended fatally for the patient.

DR. GESSNER inquired of Dr. Joachim what had been his observation on the influence of cleft uvula upon phonation, and what degree of cleft of the uvula was necessary to seriously affect speech. The doctor had in mind the case of a young lady in whom the fact that the uvula was cleft could not be recognized from any defect in speech. As to the functional results of operation for cleft of the soft palate, he had seen a case in



which perfect union had occurred, but the phonation was still very defective, probably on account of the tension of the tissues. The doctor had understood from dentists that very satisfactory results were obtained by the employment of obturators in this class of cases. A point which Dr. Gessner emphasized was asepsis of the mouth, which he believed, as a rule, was not given enough thought or attention. In order to bring about a clean condition of the mouth, it was necessary to have all old stumps removed and all remaining teeth thoroughly cleaned by a dentist; instruction should be given as to the use of dental floss after each meal, of brushes and of suitable mouth washes. He believed that by giving detailed attention to the cleansing of the mouth much more favorable results would be obtained in operations about that cavity.

DR. PERKINS had repeatedly seen the young lady mentioned by Dr. Gessner and had never discovered that there was any defect of speech. In obtaining asepsis of the mouth after operation he had found it most advantageous to employ free irrigation of the oral cavity by having the patient hold his head, face downwards, over a vessel and allowing the water to run freely into his mouth, the nozzle being inserted either between or outside of the teeth. This was routine treatment in Dr. Parham's wards.

DR. JOACHIM, in conclusion, said that Dr. Dupuy was perfectly correct in urging the preservation of the soft palate. The functional results depend upon the saving of as much of the soft palate as possible. In his first case, that of a boy, he did not appreciate his error in suturing the uvula tissue proper, but this case had pointed him a lesson and he now realized that to suture only the mucous membrane of the uvula was the proper procedure to adopt. In order to preserve as much as possible, cut away as little as possible of the uvula. Some children with complete clefts thrive well, as the mother's breast fills the gap; still children will suffer from the loss of the proper function of the nasal channel, thereby inhaling cold air, etc., which induces, secondarily, bronchitis, pneumonia, etc. The case referred to by Drs. Gessner and Perkins was not at all rare. He had seen cases where practically no uvula was present and phonation was not materially altered, which was due to natural compensation in early life of the muscles of the pharynx and

soft palate and their adaptation to conditions. It was simply a compensation by the muscles which was gradually acquired in the early years of life. He had never seen a case of bone necrosis follow the denudation necessary for the transformation of the flap. In broad clefts where the flap necessarily came from nearly the border of the teeth, he had seen a fistula remain between the bony margin of cleft and the outer border of flap. These fistulas as a rule close spontaneously. The doctor did not advise the gauze pack to be used against area denuded. As to the treatment of the sutures, the silver wire ends were to be curved upon themselves and the sutures are taken out at different sittings in from six, eight to ten days. Any suture seen not to be performing its duty should be removed. As to Brophy's operation, the doctor had not had any personal experience, but the operation was founded on a sound orthopedic reason and was still on trial. The compression of the facial angle could be urged against the operation, but this would probably gradually readjust itself as adolescence was reached. The doctor does not advise the employment of an obturator for many reasons, and it does not compare to the operative restitution. In adult cases where the functional results were unsatisfactory, the prosthesis devised by Wolff and Shotsky can be used to advantage. This consists of a short rubber perforated bulb attached to an obturator and fitting in the posterior nasal space, adapted to size and shape. Suitable instruction in speech had become recognized as a beneficial agent in the functional restoration in these cases. By the use of paraffin injection in the cases of insufficient closure of the isthmus into the pharyngeal wall, much may be done. It is to be hoped that satisfactory results would be obtained from experiments carried on on this line.

DR. L. SEXTON reported a case of

### **Large Abscess of Right Lobe of the Liver Successfully Treated.**

In January, 1903, was called in consultation to A. L., age 44, who had been suffering from grippe and fever for the previous two months. His temperature was 103 F., pulse 130, was extremely weak from exhausting sweats which had followed chills for the past week; tongue was coated, bowels constipated and had been for some time; was delirious at times, with

great tendency to sleep. Had no appetite, was listless, taking almost no notice of passing events or environment. Upon inspection and palpation, the liver was found to be enlarged and very tender, intercostal spaces bulging, with a decided irritative cough. He had had no dysentery nor malarial fever, unless it was masked with his grippe; not being microscopists we did not examine his blood for malarial plasmodium, nor stools for amebæ coli, but proceeded at once to cocaineize a point between the 9th and 10th ribs, anterior to the axillary line. We plunged in a large needle, which had been previously boiled, attached an aspirator and withdrew a large amount of reddish liver pus. The suspected diagnosis thus being verified, we detached the aspirator from the needle, leaving the latter in as a guide to the cavity, a free incision was made, using the needle as a director, and about two quarts of pus, more or less, were removed. Three large size perforated rubber drainage tubes secured by a safety pin were introduced; the patient turned upon the right side to aid gentle pressure in expelling the pus. These tubes were then covered over with iodoform gauze and absorbent cotton and a loose bandage applied. This dressing was changed once a day and the cavity washed out with sterilized water, the strictest aseptic precaution being taken each time the wound was opened. At no time was any antiseptic used. The tubes were clipped off with scissors as the cavity filled up, and at the end of the third week the patient was discharged cured. The temperature dropped to sub-normal the first 24 hours after the evacuation of the abscess; and his collapse was so complete that a fatal termination was expected. Nitroglycerin, strychnin and other cardiac and respiratory stimulants, together with hot bottles, brought him around, and to-day we have a well patient with only a left-lobe liver. I report this case not that there was anything unusual about it, further than the fact that I believe that the liver abscess was superinduced by grippe and not by ameba coli, for he had had no dysentery, nor by the tropical climate, for the case has not occurred in the spring. There was no gall-stone, round worm, or foreign body but a large abscess of the right lobe of the liver, with no other cause that we could discover, save a protracted attack of grippe. The pus was at no time offensive or much bile tinged. The usual jaundice was absent.



Many cases of abscess of the liver are never recognized. Whenever we have hectic fevers, rigors, sepsis and profuse sweating with dull aching pain, an enlarged liver, we should with a perfectly aseptic needle and aspirator explore the organ, being careful not to set up what we are looking for if it does not already exist. Always use a large sized needle, or trochar as the pus is sometimes so thick that it fails to flow through one with small caliber. After the abscess is found, free incision and drainage should be practiced and no time lost by aspiration as the pyogenic membrane soon refills the emptied cavity. Dr. Senn has recommended cutting down almost to the peritoneal covering, packing the wound with iodoform gauze and at a second sitting, after adhesions have taken place, to open up and drain the abscess cavity. There is a conservatism about this which appeals to our better judgment, but in long standing cases like the one under consideration these adhesions have already most likely taken place and delays are dangerous as the abscess might burst into the peritoneal cavity, and with a fatal result.

#### DISCUSSION.

DR. GESSNER wished to take issue with Dr. Sexton about aspirating in cases of hepatic abscess. The doctor had seen profound symptoms of shock following the removal of a large quantity of pus by incision. In one of his cases he had been unable to account for the death of his patient except by the too sudden evacuation of the abscess by incision. He believed that the most conservative course to pursue was to withdraw part of the contents of large abscesses by aspiration before proceeding to free evacuation by incision.

DR. CLARK wished to know if Dr. Sexton had been able to secure perfect drainage without rib resection. He had heard some members of the local profession claim that they rarely resected any portion of the rib, being able to secure perfect drainage through the intercostal space, but his observations had been that the most thorough drainage could be secured only after a resection of a portion of a rib or ribs. The doctor mentioned the method of draining liver abscesses practiced by one of the local members of the profession some few years back, which consisted in plunging a trochar into the abscess and leaving a cannula until the case was dismissed. To practice such methods now

would be opposed to modern surgical principles, since it is known that frequently no adhesions exist between the liver and peritoneum or pleura and it is taking an unnecessary risk in having the contents of the liver abscess drained into the serous cavity. At the present time a careful dissection leads the surgeon down to the liver surface when the presence or absence of adhesions are determined. If they are absent, the operation is done at two sittings, allowing adhesions to form; or the operation can be performed at one sitting, having previously taken the precaution to exclude the pleura or peritoneum by gauze pack and sutures. The doctor thought that to ascribe the cause of this abscess of the liver to influenza infection was very problematical, especially since Dr. Sexton had not utilized the microscope, or made cultures from the pus evacuated.

DR. PERKINS said that there were two methods employed by Dr. Parham in his clinic in shutting off the contents of a liver abscess from the serous cavities. One was to suture the liver surface to the parietes by interrupted sutures before incising it, and the second was to pack around the margin of the opening with gauze, then open the liver and after introducing the finger into the abscess cavity, introduce the interrupted sutures, thereby avoiding leakage.

DR. JACOBY insisted upon the use of large needles when aspirating for pus in liver abscesses. In a case at the Hospital frequent punctures had been made in the liver without finding pus, when the autopsy showed the presence of a ruptured abscess. Many punctures were urged to be made before abandoning the search for pus.

DR. LEMANN asked Dr. Perkins when the gauze was removed in the second method employed for the avoidance of pus leakage.

DR. PERKINS replied that the gauze was removed as the stitches were inserted.

DR. SEXTON, in conclusion, had heard the objections advanced to the withdrawal of large quantities of pus at one sitting in empyema, producing shock by the sudden expansion of the lungs, but that he had never heard the objection advanced in the case of liver abscess. The doctor believed that wherever there was pus it should be evacuated. He said that rib resection depended

upon the condition of the patient and space between the ribs. In children considerable shock was produced by resection of a rib. The case was reported chiefly owing to his belief that the cause of the abscess was due to grippe infection.

DR. GESSNER spoke of *a case of suppurative mastitis in a new-born child*, which he had recently observed in his practice. He had never heard of such a case before and wished to know whether any member of the society had had such an experience. The case was that of a male child. On the tenth day the attendant called the doctor's attention to the slight inflamed right breast; on the eleventh day the child was not seen. On the twelfth day a superficial abscess  $1\frac{1}{2}$  inches long and  $\frac{1}{2}$  inch wide on the outer side of the right nipple was incised, evacuating dark pus having no odor. Iodoform gauze sandwiched in between absorbent cotton pads was the dressing applied. In one week the case had recovered. The doctor thought that the abscess was probably due to manipulation by the midwife.

DR. LEMANN related *a case* that he had seen in his clinic in the past week which illustrated the *prolificity of the colored race*. The woman was 25 years old and had had five sets of twins and one single birth. The mother of this woman had had 22 children, 19 of which were living. Of these 19, one son had no child. Of the eighteen daughters it was common for them to bear twins and even triplets, but on this point the patient was unable to give accurate information.

DR. SEXTON related the instance of an ex-mayor who was one of 24 children.



## Louisiana State Medical Society Notes.

NEXT MEETING IN NEW ORLEANS, TUESDAY, WEDNESDAY AND THURSDAY, APRIL 28, 29, and 30, 1903.

President, Dr. Isadore Dyer, New Orleans; Recording Secretary, Dr. Wm. M. Perkins, 163 University Place, New Orleans; Corresponding Secretary, Dr. A. G. Friedrichs, 641 St. Charles street, New Orleans; Treasurer, Dr. H. S. Cocram, 124 Baronne street, New Orleans; Chairman, Committee of Arrangements, L. G. LeBeuf, 830 Canal street, New Orleans.

### LIST OF SECTIONS WITH SUBJECTS ANNOUNCED:

*Ear, Nose and Throat:* Dr. Gordon King, New Orleans, Chairman. Subject for discussion: Diseases of the Accessory Cavities. Diagnosis and Treatment.

*Neurology and Mental Diseases:* Dr. C. D. Simmons, Dutchtown, Chairman. Subject: Acute Ascending Paralysis with Report of two Rapidly Fatal Cases.

*Surgery:* Chairman, Dr. F. W. Parham, New Orleans. Subject for Discussion—Appendicitis and the proper attitude of the surgeon as well as the physician towards it.

*Diseases of Children:* Chairman, Dr. E. M. Dupaquier, 819 Orleans street, New Orleans. Subject for Discussion—Typhoid Fever.

All members interested are requested to make a clinical report of their cases, with special reference to the following points:

1. The occurrence of typhoid fever is increasing.
2. The true condition is often unrecognized, especially in nurslings.
3. Its peculiarities are many and quite misleading.
4. Its practical management, especially at the age of two years or thereabouts, is far from easy.
5. Its relation to tuberculosis is decidedly marked.
6. Prevalence and severity in the white and negro races, in the foreign-born and in the native-born of foreign or native parentage.
7. Cases of continued fever, neither malaria nor typhoid, in which drug treatment causes undue mortality among children.

The Chairman, whose address is given above, would be glad to correspond with the members of the Society about this or other subjects in his Section.

*General Medicine:* Dr. R. B. Paine, Mandeville, Chairman. Subject for discussion: Recent Advances in the Treatment of Diarrhea.

*Genito-Urinary Diseases:* Dr. A. R. Trahan, Lafayette, Chairman. Subject: The Pathology and Treatment of Chronic Gonorrhea.

*Obstetrics and Gynecology:* Dr. C. Jeff Miller, New Orleans, Chairman. Subject: Treatment of Gonorrhea in the Female.

*Dermatology:* Dr. J. N. Roussel, New Orleans. Subject: Ringworm of the Body Considered in a General Way.

*Sanitary Science:* Dr. R. L. Randolph, Alexandria, Chairman. Subject: Facts Relating to the Transmission of Yellow Fever.

*Oral Surgery:* Dr. A. G. Friedrichs, New Orleans, Chairman. Subject: The Wisdom Teeth.

*Medical Jurisprudence:* Dr. Fred. J. Mayer, Scott, Chairman. Subject: Expert Evidence.

*Materia Medica and Therapeutics:* Dr. N. K. Vance, Shreveport, Chairman. Subject: Chloroform, Does Its Prolonged Inhalation Affect the Normal Elimination of the Bile?

*Pathology and Bacteriology:* Dr. O. L. Pothier, New Orleans, Chairman. Subject: Infectious Wounds of Tetanus by Fire Works and Toy Pistols.

*Miscellaneous Papers:* Malarial Hemoglobinuria, by Dr. L. Lazaro, Washington. An Exhibition of Colored Lantern Slides on Human Anatomy, by Dr. Edmond Souchon, New Orleans. Inguinal Hernia with Resection of the Bowel; Report of Cases by Dr. J. M. Batchelor, New Orleans. (a) Pathological Histology of Secretions.—(b) Internal Antiseptic Therapy in Acute and Chronic Pathological Processes, by Dr. H. L. Ducrocq, of Lafourche Crossing. Report of Cases of Empyema, by Dr. J. F. Oechsner, New Orleans. A Few Surgical Wrinkles, by Dr. F. W. Parham, New Orleans. Hernia of the Ovary, Operation, Recovery and Radical Cure, by C. J. Ducoté, Cottonport. Some Notes on Treatment of Phthisis Pulmonalis, by Dr. L. G. LeBeuf, New Orleans. Phlyctenular Ophthalmia in the White and the Negro, with remarks on local treatment, by Dr. H. D. Bruns, New Orleans. Delayed Operation for Appendicitis, by Dr. E. D. Newell, St. Joseph. Chloroform Anesthesia, by Dr. T. E. Schumpert Shreveport. Creosote Carbonate in Pneumonia, by Dr. Atkins, Atkins. Normal Salt Solution and Butter as Stimulant and Nourishment, Cutaneously and Subcutaneously, in Swamp, Enteric and Scarlet Fever, by Dr. S. L. Williams, Oak Ridge. A Case of Puerperal Septicemia, Treated with Antistreptococcic Serum, by Dr. G. R. Fox, Moreauville. Case of Stab Wound of the Abdomen, by Dr. C. A. Gardiner, Bristol. Abortion: Its Treatment by the General Practitioner (report of a case complicated by acute suppurative appendicitis and ovarian cysts), by Dr. A. C. King, New Orleans. Isolation an Essential Factor in Prophylaxis of Typhoid Fever, by Dr. F. M. Thornhill, Arcadia. Case of Pseudo-Hermaphrodite, with Specimen, by Dr. C. L. Hope, Oak Ridge. History of Louisiana Quarantine Against Yellow Fever, by Dr. Q. Kohnke, New Orleans. Diphtheria, with Report of Cases, by Dr. O. M. Patterson, Bastrop. Cleft Palate Operation (Wolff's Method), by Dr. O. Joachim, New Orleans. The Influence of Post-Nasal Adenoids on the General Health, by Dr. W. Scheppeegrell, New Orleans. The Teeth as a Factor in Digestive Diseases and Disorders, by Dr. J. A. Storck, New Orleans. Case of Puerperal Septicemia: Its Surgical Treatment, by Dr. S. M. D. Clark, New Orleans. The Progress of Rational Quarantine, by Dr. A. Nolte, New Orleans. Strangulated Hernia, by Dr. D. Harvey Dillon, Fisher. Foreign Bodies in Right Bronchus, by Dr. J. D. Bloom New Orleans. Report of Cases: (a.)

Nephrectomy; (b.) Coxa-vara; (c.) Pulsating Sarcoma of Humerus. Interesting Case of Tumor of Leg, by Dr. F. A. Larue, New Orleans. Remarks on Intussusception, by Dr. R. Matas, New Orleans. (a) Surgical Records; (b) Changes in Medication During Past Quarter Century, by Dr. R. W. Seay, New Orleans.

NOTICE.—ATTENTION IS CALLED TO THE FACT THAT THE NAME OF NO MEMBER IN ARREARS FOR DUES FOR 1902 WILL BE ON FINAL PROGRAM.

ROOMS.—Members desiring to arrange in advance for rooms, etc., are referred to Dr. A. Jacoby, Chairman Bureau of Information, Macheca Building, New Orleans.

IMPORTANT—RAILROAD RATES.—Be sure and get receipt from local agent, or ask for Excursion rate, as the Arrangements Committee expect a one-fare excursion rate, good for return until after the American Medical Association meeting.

TO THE MEMBERS: We wish to ask all who have sent titles of papers or who desire to have any corrections of same made, to write at once. The final program will go to the printer about April 10, hence we will not be able to receive titles or corrections after that date except as volunteer papers.

Besides the splendid program of listed papers which this month's JOURNAL promises, we would like to announce also that the privileges of all the Canal street clubs have been extended the members, as well as that of the Young Men's Gymnastic Club, on Rampart street. We also expect to have a reception on April 29 in the Palm Garden of the St. Charles Hotel and our annual grand banquet at West End, April 30. We expect every member to come and help us make this meeting the grand success we hope for it.

Yours cordially,

L. G. LEBEUF, Chairman.

### A Contribution to the Surgical Section.



The attitude of the general practitioner and the surgeon towards appendicitis; also, and incidentally, that of the patient.

(Drawn by our special artist, Kukay.)



## Charity Hospital Alumni Association Notes.

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The annual meeting of the Charity Hospital Alumni Association will be held in New Orleans, Saturday evening, May 2, 1903.

The program has not yet been announced but will appear later.

The officers of the association are:

President, Dr. E. D. Martin, New Orleans; secretary, Dr. S. M. D. Clark, New Orleans; treasurer, Dr. Jules Lazard, New Orleans.

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## American Medical Association Notes.

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NEXT MEETING IN NEW ORLEANS, MAY 5, 6, 7 AND 8, 1903.

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GENERAL OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION, 1902-1903.

President, Frank Billings, Illinois; First Vice President, J. A. Wither-  
spoon, Tennessee; Second Vice President, G. F. Comstock, New York;  
Third Vice President, C. R. Holmes, Ohio; Fourth Vice President, James  
H. Dunn, Minnesota; Secretary-Editor, George H. Simmons, Illinois;  
Treasurer, Henry P. Newman, Illinois; Chairman Committee of Arrange-  
ments, Isadore Dyer, 124 Baronne Street, New Orleans, La.

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HEADQUARTERS, St. Charles Hotel, St. Charles street, be-  
tween Common and Gravier streets.

CENTRAL MEETING PLACE, Washington Artillery Hall, St.  
Charles street, between Girod and Julia streets, seven blocks  
from Canal street, the business thoroughfare. Here will be  
the Bureau of Registration, Bureau of Information, Post Office,  
General and Scientific Exhibits, etc.

COMMITTEE OF ARRANGEMENTS.—Dr. Isadore Dyer, Chair-  
man, 124 Baronne street, New Orleans; Dr. J. B. Guthrie,  
Secretary, 124 Baronne street, New Orleans; Dr. L. G. LeBeuf,

Treasurer, 830 Canal street, and the Chairmen of all the following sub-committees:

*Finance Committee*—Dr. John Callan, Chairman, 1712 Baronne street; Drs. L. G. LeBeuf, E. J. Graner, E. L. McGehee, F. A. Larue, S. L. Théard, H. S. Lewis, A. C. King and C. J. Miller, New Orleans; Drs. J. Gazzo, Raceland; J. M. Barrier, Delhi; T. E. Schumpert, Shreveport.

*New Membership Committee*—Dr. F. W. Parham, Chairman, 830 Canal street; Drs. A. Nelken, E. Moss, W. M. Perkins, H. B. Gessner, A. Jacoby, New Orleans; Dr. H. A. West, Galveston, and Dr. U. S. Bird, Tampa, Fla.

*On Exhibits*—Dr. Q. Kohnke, Chairman, Cora Building; Drs. E. M. Dupaquier, P. L. Reiss, S. P. Delaup, Hamilton P. Jones and J. Barnett.

*On Entertainment*—Dr. L. G. LeBeuf, Chairman, 830 Canal street; Drs. P. E. Archinard, Felix Formento, Jno. B. Elliot, Sr., Jos. Holt, F. W. Parham, E. S. Lewis, S. E. Chaillé, Geo. J. Friedrichs, E. D. Martin, C. J. Landfried, St. M. Fortier, C. P. Wilkinson, H. P. Jones, L. F. Reynaud, J. D. Bloom, H. D. Bruns, M. M. Lowe, A. B. Gaudet, E. D. Fenner, Paul McIlhenny, J. T. Scott.

*On Badges*—Dr. H. B. Gessner, Chairman, 830 Canal street; Drs. C. M. Brady, Jules Lazard, I. I. Lemann, W. A. Gillaspie, W. E. Walker.

*On Transportation*—Dr. Edmond Souchon, Chairman, 204 Carondelet street; Drs. C. L. Horton, Arthur Nolte, P. B. McCutcheon, G. Farrar Patton, M. Souchon.

*On Publication*—Dr. F. A. Larue, Chairman, 624 Gravier street; Dr. P. L. Thibaut, L. L. Cazenavette, Paul Gelpi.

*On Banquets*—Dr. W. DeRoaldes, Chairman, 624 Gravier street; Drs. Chas. Chassaignac (vice Chairman), 830 Canal street, Gordon King, F. Larue and J. Laurans.

*On Halls and Meeting Places*—Dr. Jno. F. Oechsner, Chairman; 124 Baronne street; Drs. O. L. Pothier, Jno. B. Elliott, Jr., H. P. Jones, J. Barnett.

*Citizens' Auxiliary Committee*—Hon. Paul Capdevielle, honorary chairman; Mr. Chas. A. Farwell, chairman.

Col. B. F. Eshleman,	Max. Samson,	Geo. Denègre,
Albert Baldwin, Jr.,	E. C. Herndon,	C. E. Fenner,
Geo. H. Dupré,	J. C. Morris,	Frank B. Hayne,
Paul Gelpi,	C. T. Scaife,	Benj. W. Kernan,
J. W. Hearn,	A. B. Wheeler,	Frank T. Howard,
I. L. Lyons,	Chas. M. Green,	Theo. Lyons,
Wm. Mehle,	Maurice Stern,	Geo. W. Nott,
A. R. Blakely,	Robt. C. Parker,	J. C. Murphy,
J. P. Blair,	E. Toby,	R. W. Rogers,
Jas. Thibault,	Geo. P. Agar,	C. T. Soniat,
Geo. H. Dunbar,	H. T. Cottam,	A. Sidney White,
T. J. Woodward, Sr.,	C. H. Hyams, Sr.,	Pearl Wight,
W. C. Dufour,	J. M. Parker,	Frank Roder,
L. H. Dinkins,	R. B. Scudder,	Hugh McCloskey,
T. G. Rapier,	Walter Stauffer,	S. P. Walmsley,
Dr. E. A. Alderman,	R. M. Walmsley,	Isadore Hechinger,
E. H. Farrar,	Geo. Q. Whitney,	H. P. Dart,
Hy. Lehmann,	A. Brittin,	Chas. Janvier,
J. T. Witherspoon,	Hy. Charnock,	

*On Registration.*—Dr. Rudolph Matas, chairman, 624 Gravier street; members, Drs. John Smyth, S. M. D. Clark, U. Maes, Henry Blum, Jules Lazard, H. E. Ménage.

*On Bureau of Information.*—Dr. A. G. Friedrichs, chairman, 641 St. Charles street. Drs. F. J. Charlaron, J. J. Archinard, E. A. Robin, I. I. Lemann, J. A. Storeck, E. L. McGehee, Paul Michinard, Fred Loeber, J. B. Elliott, Jr., E. D. Friedrichs, A. L. Metz, J. B. Guthrie, E. D. Fenner, R. W. Salter, W. H. Robin, L. Sexton, R. J. Mainegra, Paul Gelpi, M. H. McGuire, M. Feingold, Hugh Kelly.

*On Postoffice.*—Dr. E. S. Lewis, chairman, 124 Baronne street; Dr. C. J. Miller.

*On Hotels and Boarding-houses.*—Dr. E. D. Martin, chairman, 810 Common street; Dr. E. Moss.

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A MEETING OF THE COMMITTEE OF ARRANGEMENTS was held at the rooms of the Orleans Parish Medical Society on March 24. This meeting showed the committee in good working order, with arrangements well under way for the preparation of halls, etc.



Dr. Kohnke, for the exhibits, reported 39 spaces taken to date and a sum of over \$3,000 represented.

Dr. Martin stated that the applications for accommodations were being attended to as fast as they came in, and that the names of all applicants were duly recorded with location given. A great deal of trouble had been occasioned by the lack of precision on the part of those writing for rooms, not stating how many persons in party, whether bath wanted, etc.

Dr. Oechsner presented an elaborate report showing the estimated cost of preparing the various meeting places.

Dr. Souchon submitted a report showing that all arrangements had been made for transportation rates.

Dr. de Roaldes stated that very few definite suggestions had been received regarding banquets.

Dr. Gessner reported that 5,000 badges and souvenir pins had been ordered.

Dr. Parham reported that the committee on new membership would use 7,000 copies of the New Orleans number of the *A. M. A. Journal* in the States of Arkansas, Georgia, Florida, Tennessee and the Carolinas.

Dr. LeBeuf reported that the committee on entertainment planned a reception at the Palm Garden of the St. Charles Hotel, a trip on the river, and a *fête champêtre* at the City Park. Besides this Mrs. Cartwright Eustis would tender a reception, and there were several individuals who would care for small parties for Lake and other excursions.

Dr. Callan reported a total subscription among medical men of over \$3,000, of which over \$1,800 had been collected.

Mr. Farwell sent a list of his citizens' committee and word that this committee would begin soliciting funds at once.

The finance committee were requested to call on the Progressive Union with a view to ascertain what they were going to do in the matter of entertaining the A. M. A., especially as they had been responsible for the body coming here, after Hot Springs had been selected.

The chair (Dr. Dyer) reported that the material for the New Orleans number of the *Journal of the A. M. A.* was in the hands of the editor, consisting of illustrations and descriptive article of New Orleans, etc.

The meeting adjourned with the understanding it was to convene each Tuesday night until the time of the meeting.

## Medical News Items.

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THE MISSISSIPPI STATE MEDICAL ASSOCIATION will hold its annual meeting in Greenville, April 15, 16 and 17, under the presidency of Dr. H. L. Sutherland. Dr. C. H. Trotter is secretary.

THE VERNON PARISH MEDICAL SOCIETY WAS ORGANIZED at a meeting held in Leesville, Vernon Parish, March 4, 1903, with the following officers: Dr. M. R. McAlpin, Leesville, president; Dr. C. C. Self, Hornbeck, vice-president; Dr. F. W. Dortch, Barham, secretary; Dr. J. H. Wood, Leesville, treasurer; Dr. J. H. Wood, delegate to State Society, and Dr. F. P. Jones, Leesville, alternate delegate.

THE CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS will hold its sixth triennial session in Washington, D. C., on Tuesday, Wednesday and Thursday, May 12, 13 and 14, 1903. It is composed of the members of the National Medical Societies and of guests specially invited by the Executive Committee.

To enable a physician to become a member of the Congress, with a right to participate in its proceedings, it is necessary that he be a member of one of these Constituent National Societies.

A physician may be accredited as a visitor to the Congress by any one of the Constituent Societies. The certificate of the secretary of one of these societies to the effect that he is thus accredited will enable him to register upon payment of the registration fee, which registration will entitle him to a card of admission to the reception, and to a copy of the Transactions of the Congress, but not to take part in the deliberations of the Congress.

THE NATIONAL CONFEDERATION OF STATE MEDICAL EXAMINING AND LICENSING BOARDS will hold its next meeting in New Orleans, May 4, 1903. Members and ex-members of State Medical Examining Boards, physicians and educators who are interested in the cause of higher medical education are cordially invited to attend.

THE BOSTON MEDICAL AND SURGICAL JOURNAL has just celebrated its seventy-fifth anniversary. It first appeared February 19, 1828, and has appeared weekly since that time. A very honored record and we congratulate our "esteemed contemporary."

CHARITY HOSPITAL INTERNES.—The successful student candidates for interne positions at Charity Hospital were the following: Messrs. P. W. Bohne, Howard Clarke, L. B. Crawford, E. Leckert, E. W. Mahler, J. A. Price, H. H. Rightor, P. B. Salatich, H. R. Shands, C. A. Wallbillich.

VICKSBURG IS TO HAVE A MODERN INFIRMARY for the care of medical and surgical cases. Very wisely planned, this institution has largely arisen to meet the demand for increasing hospital facilities.

MARRIED.—Mr. Geo. Augustin, the assistant librarian of the Orleans Parish Medical Society, and well known for his literary attainments, was united in marriage with Miss Emma Elizabeth Chapotin, on March 19, 1903.

MARRIED.—Dr. John Francis Dunshie, and Miss Jessie Wright, both of New Orleans, on March 16, 1903.

ORLEANS PARISH MEDICAL SOCIETY.—Beginning Tuesday, March 3, 1903, and until further notice, the library will be open at night three times a week, on Tuesdays, Thursdays and Saturdays from 8 to 10.

THE SAMUEL D. GROSS PRIZE OF TWELVE HUNDRED DOLLARS will be awarded on January 1st, 1905.

The conditions annexed by the testator are that the prize "Shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in surgical Pathology or Surgical Practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page, it shall be stated that to the essay was awarded



the Samuel D. Gross Prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 219 S. 13th St., Philadelphia," on or before January 1, 1905.

Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay. The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

John B. Roberts, M. D., William L. Rodman, M. D., William J. Taylor, M. D., are the Trustees.

THE AMERICAN UROLOGICAL ASSOCIATION meets first Wednesday of each month, except July, August and September.

Annual meetings: The last day of the American Medical Association's meeting and the day following.

This year's meeting is in New Orleans, May 8 and 9.

President: Ramon Guiteras, M. D., New York and Secretary: Ferd. C. Valentine, M. D., 31 West 61st St., New York.

THE LOUISIANA STATE BOARD OF MEDICAL EXAMINERS will hold its next semi-annual examination on Friday and Saturday, May 1 and 2, 1903, 9 A. M., Tulane Medical College Building, Canal and Villeré streets, New Orleans.

THE BILL AIMED AT MAKING PRIVILEGES FOR OSTEOPATHS in Alabama, before the present session of the Legislature, has been defeated after a long, hard fight.

THE AMERICAN MEDICAL TEMPERANCE ASSOCIATION will hold its twelfth annual meeting at New Orleans, May 7, during the session of the American Medical Association. A number of very important papers will be read on this subject, and the medical public are very cordially invited to attend.

METRIC SYSTEM.—The American Association for the Advancement of Science says the following lines are all that is necessary for the physician to learn in order to prescribe in the metric system: 1,000 milligrams make 1 gram. 1,000 grams or cubic centimeters make 1 kilo or liter. 65 milligrams make 1 grain.  $15\frac{1}{2}$  grains make 1 gram. 31 grams make 1 ounce, troy.—*Med. Review.*

DR. FARRAR RICHARDSON, who was commanding officer of Reedy Island, Del., has been ordered to the U. S. Marine Hospital in New Orleans.

DR. KING HOLT, of Baton Rouge, has been appointed by the Board of Health, sanitary inspector for Louisiana at the port of Havana, to assume his duties on April 1. For the past three years Dr. Holt has been inspector at Bluefields, Nicaragua, C. A.

WE NOTE WITH INTEREST the establishment of the New Orleans X-Ray Laboratory and we believe the members of the profession will gladly avail themselves of its advantages.

A non-practitioner of nearly six years experience is to be its operator and its patrons are assured a high character of work.

OUR MAY EDITION will be double our usual number, owing to the meeting of the A. M. A. here. All who wish to reach our 3000 medical visitors, in addition to our usual circulation, had better make a note of it.

## Book Reviews and Notices.

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*All new publications sent to the JOURNAL will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the JOURNAL to review as many of the works received as possible, the editors will be guided by the space available and the merit of the respective publications. The acceptance of a book implies no obligation to review.*

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*Saunders' Medical Hand-Atlases—Atlas and Epitome of Traumatic Fractures and Dislocations.* By PROFESSOR DR. H. HELFERICH. Edited, with additions, by JOSEPH C. BLODGOOD, M. D. Revised and enlarged German edition. W. B. Saunders & Co., Philadelphia and London, 1902.

For several years past, and especially since the introduction of the X-ray, an impetus has been given to the study of fractures and dislocations. Many existing errors have been brought to light and new methods of treatment suggested. The importance of illustrating the actual condition in fractures as bearing upon the treatment has been more clearly defined. To the physician whose experience in the treatment of fractures and dislocations is limited, this book is indispensable; to the teacher it is almost a necessity. It is a masterpiece and so true to life are the skiagraphs and plates, that the description in many instances seems superfluous. In truth, it is an illustrated treatment of fractures and dislocations.

MARTIN.

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*The Treatment of Fractures.* By CHAS. L. SCUDDER, M. D. Third edition revised and enlarged. W. B. Saunders & Co., Philadelphia and London, 1902.

This work is all that is claimed for it. The chapter on gunshot fractures of bone is new and especially interesting, as are also the chapters on X-ray and the use and application of plaster-of-Paris, of which every practitioner should possess some knowledge in order to cope successfully with the treatment of fractures. It is to be regretted that the author does not make some mention of Hodgen's splint, for it is unquestionably one of the best methods of treating fractures of the thigh. The text is simple, the cuts clear and the work deserving of the highest commendation.

MARTIN.

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*A Treatise on Diseases of the Eye, Nose, Throat and Ear.* By Various Authors, edited by WM. CAMPBELL POSEY, A. B., M. D., and JONATHAN WRIGHT, M. D. Lea Bros. & Co., Philadelphia and New York.

This large volume of 1238 pages is a collaboration of twenty-seven able writers, each giving a thorough exposé of the part of the work assigned him, with the especial view of producing a text-book best suited to the



needs of the general practitioner and the advanced student in medicine. The text is illustrated with 650 engravings and 35 plates in colors and monochrome. More than one-half of the volume is devoted to the Eye, and special mention must be made of the chapter on the subject of the Eye in its relation to general diseases. The book is worthy of high commendation.

DER. & K.

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*Infant Feeding, in its relation to Health and Disease.* By LOUIS FISHER, M. D. Philadelphia, F. A. Davis Co., 1903.

An experience of ten years in one of the largest children's clinics in the United States gives Dr. Fisher the right to speak with authority on this most important subject.

Attention is called to the fact that when cow's milk gives an alkaline reaction, this indicates that some antiseptic has been added. This, however, would not hold good if formaldehyde had been used as a preservative. The importance of giving water to infants at regular intervals is duly emphasized. The author makes mention of the observations of A. Jacobi that the exclusive feeding of sterilized cow's milk to infants frequently results in infantile scurvy. He further points out that "by far the greatest number of cases of athrepsia are found in bottle-fed children. There are, however, a great many cases to be found among breast-fed children. We can, then, be positive that the breast milk is lacking in some of its chemical constituents, and frequently we find that it is the proteids that are deficient in quantity."

"Before considering the means adopted to alter the chemical composition of cow's milk, it would be proper to state that there is a common but false belief that milk from one cow is the best for infants' use. The principle that underlies this belief is perfectly right. It is that it is desirable to obtain milk of uniform composition; but it has been found experimentally that milk of the same cow varies in its composition during twenty-four hours, and that it is in reality more likely that a mixture of the milk from several cows will show a more constant analytical result than that from one single animal. Jacobi and others have stated that the chances of infection from tuberculosis through the medium of milk can only be lessened by feeding from a large number of cows." The book is replete with sound information and is well worth a careful perusal.

STORCK.

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*A Manual of the Practice of Medicine.*—By GEORGE ROE LOCKWOOD. Second Edition, Revised. Philadelphia, W. B. Saunders & Co. 1903.

In the arrangement of the subject matter of this book, the classification of Osler has been adopted with but a few unimportant modifications. The new matter in this edition brings the book up to our present knowledge of the practice of medicine. It seems to have been the aim of Dr. Lockwood to avoid superfluities, and he has succeeded in giving us a readable book.

STORCK.

*A Text Book of Pharmacology and some Allied Sciences.* By TORALD SOLIMANN, M. D. Philadelphia, W. B. Saunders & Co., 1903.

It is becoming more and more apparent that, if the physician of the present and the future is to be secured from therapeutic nihilism, or from the prescribing of proprietary medicines, he must be better informed in drug therapeutics. The best way to acquire this knowledge is to acquaint himself with the work of the best investigation in pharmacology. The book here reviewed is a good exposition of the subject. The author gives all the important pharmacological facts, experiments, and the processes of reasoning which have led to conclusions are given in detail whenever necessary. In the section on laboratory work, a few simple experiments are given, followed by suggestions which will permit of making them more extensive.

In the preparation of the subject matter, the author has drawn very largely upon the classic work of Schmeideberg, and also on the works of Lauder Brunton and Kobert. He also makes mention of his indebtedness to our former fellow-townsmen, Dr. Hatcher, for valuable aid in revision of proofs.

We welcome this book as another addition to the scientific treatment of disease by means of drugs.

STORCK.

*Clinical Examination of Gastric Contents.* The New York Pharmacal Association, 1903.

This brochure is replete with information, and treats the subject in three chapters. Chapter I presents briefly the most approved methods of examining the contents of the stomach; chapter II deals with the interpretation of results and the significance of determined abnormal conditions, and chapter III gives a cursory review, in the light of diagnosis, of the commoner gastric diseases and their influence on gastric secretions. We think mention might have been made of Boas' method for the determination of lactic acid, which is based upon the fact that when lactic acid is treated with strong oxidizing agents, formic and acetic aldehyd are formed. We hope that this brochure may come into the hands of all our physicians.

STORCK.

*Diseases of Metabolism and Nutrition. Part II. Nephritis.* By DR. CARL VON NOORDEN, translated under direction of BOARDMAN REED, M. D., E. D. Treat & Co., New York, 1903.

A work of about one hundred pages, divided into five chapters. The first discusses the customary therapy of kidney diseases; the second, the principle of saving diseased kidneys; the third treats of metabolism as a basis in the protective therapy of renal affections; the fourth is on the dietetic and physical treatment of acute nephritis, and the fifth on that of contracted kidney.

Unfortunately, the title and first section of the last two chapters have been transposed, paging and all, and, as the other sections are in their right place, quite a degree of confusion is created. It is a pity, for the text is interesting, the ideas new and rational.

C. C.

*Anatomy.* By WM. H. ROCKWELL, JR., M. D. Lea Bros. & Co., Philadelphia and New York, 1903.

A manual for students which is fairly complete, though compact. It belongs to the Lea's Series of Pocket Text-Books, edited by B. B. Gallaudet, M. D. It is based on Gray's Anatomy, as being the one most widely used by students. The illustrations are good, but nearly all are borrowed from Gray.

It makes a good ready reference for the practitioner.

C. C.

*A Text-Book of Diseases of the Eye.* By G. E. DE SCHWEINITZ, A. M., M. D.

Dr. De Schweinitz has succeeded in preparing a very clever, well-arranged text-book, which covers its ground with commendable thoroughness. The work has attained its fourth edition, which is sufficient proof of its popularity.

In this edition the text has been thoroughly revised and the entire work has been reset, many chapters having been added, such as Thomson's Lantern Test for Color-Blindness; Hysterie Alopecia of the Eyelids; Metastatic Gonorrheal Conjunctivitis; Grill-like Keratitis (Haab); the so-called Holes in the Macula; Divergence and Convergence Paralysis, and many others. A large number of therapeutic agents comparatively recently introduced, particularly the newer silver salts, are given in connection with the diseases in which they are indicated.

BRUNS.

## Publications Received.

*The American Year-Book of Medicine and Surgery for 1903.*—Edited by Geo. M. Gould, M. D.—W. B. Saunders & Co., Philadelphia, New York and London, 1903.

*Tuberculosis Communicable, Preventable, Curable,* by Addison W. Baird, M. D.—James T. Dougherty, New York, 1903.

*Bulletins of the University of Virginia,* January, 1903.

*Diseases of the Skin,* by H. Radcliffe-Crocker, M. D.—P. Blakiston's Son & Co., Philadelphia, 1903.

*A Text-Book of Practical Medicine,* by William Gilman Thompson, M. D.—Lea Bros. & Co., New York and Philadelphia, 1902.

*Obstetrics,* by J. Whitridge Williams.—D. Appleton & Co., New York & London, 1903.

*A Manual of Practical Hygiene,* by Charles Harrington, M. D.—Lea Bros. & Co., Philadelphia and New York, 1903.

*A Manual of Materia Medica and Pharmacology,* by David M. R. Culbreth, M. D.—Lea Bros. & Co., Philadelphia and New York, 1903.



*Diseases of Metabolism and Nutrition. Part I, Obesity. Part II, Nephritis.*—By Prof. Dr. Carl von Noorden.—E. B. Treat & Company, New York, 1903.

*Therapeutics of Infancy and Childhood*, by A. Jacobi, M. D.—J. B. Lippincott Co., Philadelphia and London, 1903.

*Boletín Mensual del Observatorio Meteorológico Magnético Central de México*, 1901–1902.

*The Internal Secretions and the Principles of Medicine*, by Charles E. de M. Sajous, M. D. Vol. 1.—F. A. Davis Co., Philadelphia, 1903.

*Report of Committee of Conference, Medical Society of New York*, January, 1903.

*Surgical Anatomy, Vol. III*, by John B. Deaver, M. D.—P. Blakiston's Son & Co., Philadelphia, 1903.

*Progressive Medicine*, Edited by Hobart Amory Hare, M. D., and H. R. M. Landis, M. D., Vol. I.—Lea Bros. & Co., Philadelphia and New York, 1903.

*Second Annual Report of the New York State Hospital for the Cure of Crippled and Deformed Children*, 1902.

## Reprints.

*Causes of Epilepsy in the Young—Peribronchitis and Interstitial Pneumonia*, by A. Jacobi, M. D.

*Mental Hygiene*, by Orpheus Everts, M. D.

*The Mental Status of Czolgosz, the Assassin of President McKinley*, by Walter Channing, M. D.

*Superheated Compressed Air in the Therapeutics of Chronic Catarrhal Otitis Media*, by George W. Hopkins, M. D.

*Maritime Quarantine Without Detention of Non-Infected Vessels from Ports Quarantined Against Yellow Fever*, by Edmond Souchon, M. D.

*Congenital Dislocation of the Hip*, by Dexter D. Ashley, M. D.

*Surgery of Penetrating Wounds of Lungs and Heart—Surgical Mélange—Ligation of Arteries (Cocain Anesthesia)—Experimental Research on the Heart of the Dog—Lung Surgery—Facial Surgery—Heart Suture*, by B. Merrill Ricketts, M. D.

*The Involution of the Appendix: Acute Suppurative Appendicitis as a Sequel Thereto—A Report of a Series of Cases, with Deductions*, by Horace Packard, M. D., and J. E. Briggs, M. D.

## MORTUARY REPORT OF NEW ORLEANS.

(Computed from the Monthly Report of the Board of Health of the City of New Orleans.)  
FOR FEBRUARY, 1903.

CAUSE.	White.	Colored.	Total.
Appendicitis .....	2	....	2
Fever, Scarlet .....	1	....	1
“ Intermittent .....	1	....	1
“ Typhoid or Enteric .....	4	....	4
Pyemia (Septicemia) .....	1	2	3
Rheumatism and Gout .....	2	2	4
Anemia .....	5	....	5
Syphilis .....	....	2	2
Puerperal Diseases .....	2	2	4
Bronchitis .....	14	6	20
Diphtheria and Croup .....	5	....	5
Influenza .....	12	3	15
Convulsions, Infantile .....	3	3	6
Diabetes .....	1	1	2
Pneumonia .....	24	15	39
Cancer .....	13	7	20
Tuberculosis .....	42	43	85
Dysentery (Enteritis) .....	9	12	21
Dysentery .....	2	....	2
Int. Obstruction .....	7	....	7
Alcoholism .....	2	....	2
Hepatic Cirrhosis .....	8	3	11
Peritonitis .....	1	....	1
Broncho-pneumonia .....	2	1	3
Debility, Senile .....	14	9	23
“ Infantile .....	4	5	9
Bright's Disease (Nephritis) .....	42	18	60
Paralysis .....	4	1	5
Heart, Diseases of .....	35	16	51
Softening of Brain .....	3	1	4
Congestion of Brain and Apoplexy .....	12	5	17
Meningitis .....	4	....	4
Diseases of Spinal Cord .....	2	....	2
Epilepsy .....	....	2	2
Trismus Nascentium .....	2	4	6
Injuries .....	21	9	30
Suicide .....	4	....	4
All Other Causes .....	19	20	39
TOTAL .....	329	192	521

Still-born Children—White, 18; colored, 11; total, 29.

Population of City (estimated)—White, 227,000; colored, 83,000; total, 310,000.

Death Rate per 1000 per annum for Month—White, 17.39; colored, 27.75; total, 20.16.

## METEOROLOGIC SUMMARY.

(U. S. Weather Bureau.)

Mean atmospheric pressure..... 30.10  
Mean temperature..... 56.  
Total precipitation..... 10.20 inches.  
Prevailing direction of wind, northeast.

# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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VOL. LV.

MAY, 1903.

No. 11.

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## Original Articles.

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[No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. A complimentary edition of fifty reprints of his article will be furnished each contributor should he so desire. Any number of reprints may had at reasonable rates if a WRITTEN order for the same accompany the paper.]

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## Song of A. M. A.

Tune—*America*.

Our "A. M. A.," of thee,  
National Society, of thee we sing.  
For thee our fathers plied,  
Band of the nation's pride,  
From every mountain's side  
Let Science ring.

Our "A. M. A.," of thee,  
Band of the noble, free.  
Thy name we love;  
We love thy Flint so grand,  
Thy Wood and honored band,  
Our hearts with love expand  
For those above.



Let music swell the breeze,  
And ring from all the trees,  
    “A. M. A.’s” song!  
Let mortal tongues awake,  
Let all that here partake,  
Let all their silence break,  
    Our Art prolong.

Our fathers’ God, to Thee,  
    Author of Liberty, to Thee we sing;  
Long may our Lamp be bright  
With Science’s holy light,  
Advance us by Thy might,  
    Great God, our King.

Our glorious band, to-day,  
’Neath Education’s sway,  
    Soars upward still.  
Its halls of learning fair,  
Whose bounties all may share,  
Behold them everywhere,  
    On vale and hill.

Thy safeguard, liberty  
Of thought, shall ever be  
    Our Nation’s pride!  
No “school” shall ever blight,  
While with encircling light  
All here are taught the right  
    With Truth allied.

Beneath Heaven’s gracious will  
The star of progress still  
    Our course doth sway;  
In unity sublime  
To broader heights we climb,  
Triumphant over Time,  
    God speeds our way!

Grand dowry of our sires,  
Our altars and our fires  
    Keep we still pure!  
“A. M. A.’s” flag unfurled,  
Hope of the Western world,  
In Peace and Light impearled,  
    God hold secure.

—DR. E. A. GALLANT, of New York City.

## The Art of Medicine. Some Ideals, Old and New.

By ISADORE DYER, Ph. B., M. D., New Orleans.

### I.

#### OLD.—FETICHES AND CHARMS AGAINST DISEASE.

There are many evidences to show that the Egyptians believed in evil spirits and that they wore amulets, rings and beads to antagonize such. The mummified remains to-day are found bedecked with jeweled fetiches of various kinds. Most museums have a considerable collection of these.

All races begin with some sort of superstition and then feed and cultivate it with legendary tokens, in the belief of each people growing more or less tangible with age. The older countries of the world have long since fixed the days of fetiches, and only here and there relicts of them remain; yet, though in practical life the belief in fetiches has passed, there remains in the language and unwritten literature of the world enough of these various charms and mystic emblems to attract the student of archaic curiosities.

Among the primitive minded of to-day, some belief still carries, and the acts of good and evil spirits remain in communities more or less removed from the centers of civilization.

Both the German and Norwegian folklores are full of the earthly tokens of the supernatural and in prose and verse, and in fairy legends of these countries, one finds the traces of these things.

The fairy lore, especially, is full of the modes of employment of the tokens against the evil spirit, or the witches, and in every language these are related with more or less similarity.

In the ordinary episodes of life, the supernatural and the superstitious have been found in the omens of good and bad luck, little incidents often having decided for the good or bad results of great events.

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\* President's address, Louisiana State Medical Society, New Orleans, April 29 1903.

The American people in the conglomeration of types ought to have lost much of these traditions of the middle ages, but here and there we still find them, for the tendency towards the superstitious seems inherent in the human race. In our Southern country, the negro has impressed these things, to the point of creating, or of accounting a new or different type of fetich faith. From Africa, in less than a hundred years, a crude people was brought, with all of their primitive ideas and beliefs, which, after all attempts at civilization have only been a little veneered with the more accepted religious forms, and in these the emotional only has appealed to the negro, and not the ritualistic.

St. John's night has ever been fraught with terror and design for the negro in the South, for then are brewed the Voodoo\* charms, whose potency is in proportionate ratio to the ingredients of the pot mixture: dead men's fingers, chicken's craw, the hair of animals, etc. The resulting liquor is potent for good or evil, and the bleached bones, after the stew, are charms against disease, bad luck and what not, if used according to rule of rhyme, some concatenated jargon of a language with its own laws of form.

The curious origin of such significant rites is even more speculative, when one recalls the witches' lines in Macbeth, where a like mention of charms prevails:

"First Witch.—Here I have a pilot's thumb,  
Wrecked as homeward he did come.

All.—The weird sisters, hand in hand,  
Posters of the sea and land,  
Thus do go about, about:  
Thrice to thine and thrice to mine  
And thrice again to make up nine.  
Peace! the charm's wound up."

With the negro, the superstitions are a part of his religion, and the potency of lower animals in these matters cannot be exaggerated. The serpent is a high symbol in the Voodoo rite, but the baying of a dog, the hooting of an owl, the crossing of one's path, especially at night, by a rabbit or a cat, are omens of dire happenings.

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\*Voodoo, probably from the French *Vaudoux*, meaning sorcerer.—D.



The strong thread of emotional belief has always carried into the newer countries of the civilized world, and like all that is legendary in history, these cling to types of people, to families at times, long after their origin has passed remembrance.

Faith cure, or the Christian Science, so called, of to-day is only the same inherent longing for a fetichal treatment of disease by creating the superstitious sense of a supernatural power at work, only it lacks the actual token, even though the formulæ employed, even if religious in forms and types, are no more than the charms repeated by the negro Voodoo doctor! That any vogue obtains in such practices must reflect upon the intelligence of the peoples who follow them, while the excuse lies in the psychic sense of the individual, out of control.

All through the southern and southeastern parts of Pennsylvania, and spreading even into Maryland and West Virginia, for a great many years there has existed a fetichal treatment of disease, evidently of quite ancient origin. Certain individuals are endowed with the power of curing by "pow-wow," or repeated formulæ, others by laying on of hands; usually the victim of disease brings in two or three of those so virtued and these are alone with the patient for hours, sometimes days. Ordinarily, the only recompense is the lodging and food, and usually pay is neither accepted nor permitted.

Out of this country many relations of startling cures have come. For a number of years a visitor to this section, the writer would hear the detail of these cases.

The formulæ are always secret and are handed down in families. My father, as a school boy in that part of Pennsylvania, at the death of some friend acquired a formula for the removal of warts, which at his death was as secretly left to me with the injunction to as safely guard it and leave it.

A rich field for the study of charms and tokens in disease is offered by the Indians and the relics in Indian mounds. With them the proper charms were, and are, applied after solitary communion with the "Great Spirit," and the "Medicine Man" never pretended to treat one until he had had his consultation with the good spirits, with the idea of combating the evil spirits believed to be a part of the disease.

In all of these beliefs and practices there is an undercurrent of a deductive reasoning. With many it is possible to trace the origin to a certain and common point, but there it stops.

Where tangible tokens are employed, as stones, beads, charms, fantastic fetiches, as bugs, parts of animals and the like, the task is less difficult, but with word charms, rhymes and formulæ, often apparent jargon, this is far less easy.

When we know that the modern Christian emblem of faith, the cross, has been attributed to the Phallic sex sign, at one age the potent religious form, the marks on ancient and primitive pottery may have more significance.

No people have been more full of the superstitious than the Celts, and the original impression must have been very strong to have carried among the Scotch and Irish with force up to even the present day. Among the English, in certain sections, charm beliefs as affecting disease obtain as well.

In a recent work, Campbell\* has quite extensively covered one phase of these Celtic traditions, and with a most interesting collection of detail.

The *Eolas* (knowledge) was the muttered charm for the cure of sickness in man or beast, usually some rhyme, or Gaelic incantation. Such diseases as toothache, bruises, sprains and the like were quickly dissipated if the formula was properly recited. The evil eye was one against which many sets of lines were arrayed:

“ God bless your eye,  
A drop of wine about your heart,  
The mouse is in the bush  
And the bush is on fire.”

and another.

“ The eye that went over,  
And came back,  
That reached the bone  
And reached the marrow,  
I will bat from off thee  
And the King of the Elements will aid me.”

Charms for the cure of sprains were repeated while a handful of earth from a grey mound was applied. In one section of Tiree such a mound is known to this day as the “ Hillock of the Sprain ” (*Conocan an t’-siachaidh*).

For consumption, the charm had to be said on Thursdays and Sundays, and some days of the year were more favorable than others.

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\*Witchcraft and Second Sight in the Highlands and Islands of Scotland, by the late John Gregorson Campbell, McMillan & Co. 1902.

For affections of the chest, one charm may be quoted, which is striking in its diversity :

“ I will trample on thee, tightness,  
As on mountain dust to-night;  
On thyself be thy blackening, dwarfing power,  
Evil and painful as that.  
The charm which Patrick put  
On the mother of the King of Iver.  
To kill the worms  
Round the veins of her heart,  
For the four and twenty afflictions  
In her constitution;  
For the water of the running stream to her boundary,  
For the stores of the Earth's waves,  
For the weakness of her heart,  
For jaundice and distemper,  
For withering and for asthma.”

Of curious interest is the *Serpent Stone*, and it again recalls the Voodoo rites, where the high Priest first handles the vibrant coils and passes on the excitation to the under priests until every Voodoo initiate has by this means gathered mystic power. This stone in the Celtic countries evidently survived Druidic rites and it is said that it consisted of a pliable substance which the snakes in concourse made for themselves. It required a stout heart and much ingenuity to find this substance. It must be stolen from the nest of drowsing serpents or else in open day, by some distraction. The stone is described as perforated, which form was accredited variously to the tail of the king serpent, and more practically to the wisps of straw with which the lucky captor strung the stone while soft. It was all powerful against disease, especially against the elves and bad luck.

Serpent stones grew numerous, however, and were to be purchased after a time. The manufacture of the serpent stones (*Clash Nathrach*) or serpent bead or glass (*Glaine Nathair*) was evidently of ancient origin, as these, or like fetiches, were found among the Egyptians of much earlier times. They were carried as charms against all kinds of disease.\*

Walter Scott refers to these perforated stones and similar tokens are discussed by Pliny, who attributed them to the Phenicians, to whom most likely may be assigned the origin of the

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\* It may be worth while instancing the practice among our own people of carrying a potato or a horse ches nut to prevent rheumatism; a few years ago the entire United States was filled with metal rings accredited with the same virtue and which were bought and worn by many who for the time were filled with sure belief.



fetich, though perhaps not the legend and the charm attending it, for the Phenicians were great traders, and from very early times the British Isles were accessible and were known to have been reached by the Phenicians.

Egyptians beads, however, were known as early as 1500 B. C., and it is stated that in their migration westward, the Celts passed through Egypt and probably brought these beads and many other of their mystic rites and ideas, which on the way they had imbibed from the Egyptian enchanter.

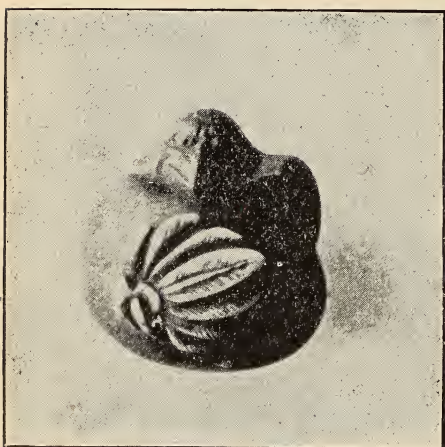


Fig 1. Japanese Fetich.



Fig. 2. Japanese Fetich.

At this point, it may be of interest to pass commentary on the fetiches of the Chinese and the Japanase. Not referring to the idols, which are as numerous as the hours of the day, and each of which represents some sentiment, but we wish to refer to the "hand fetiches," originating among the Buddhist priests [See cuts 1, 2 and 3].

These are supposedly sacred, and while they are really rather numerous, this is accounted for by theft and a certain willingness on the part of the priests to overlook the offense, when a bit of money is left in the place from which the fetich was stolen.

These fetiches carrying grotesque characters of birds and animals and even of man, have the same sort of virtues that characterize charms elsewhere.

Tiny caskets are found among the Chinese, carrying the Phallic emblems, some quite elaborate, and with the ritualistic signs artistically carved in ivory. In some, concealed in the casket, are reproduced the sex organs themselves, in the Phallic rites, the highest emblems of spiritual and religious power [See cut 4 and 5].



Fig. 3.  
Japanese fetish,

May not all of these things have originated at the same time, in the same place of derivation and is not the question intense in interest as to where the fountain head might have been?

There were other charms and tokens with the Celts, who were removed so much from the care of the priesthood of medicine that they must have recourse to some remedial measure, even if hocus-pocus.

*Snail Beads*, *Frog Stone*, and various other stones had particular virtues, but of especially curious interest is the *Fairy Arrow*, or *Elfbolt* (*saighead shith*), which was believed to have been thrown by the elves at cattle or men, the immediate effect being to cause weakness, loss of mind in the individual who then changed his spirit for that of an old elf who thereafter ruled him.

The finder and owner of an *Elf Arrow* was safe from the attacks of the elves and the arrow had the virtue of making

water in which it was dipped potent to restore to health either man or beast afflicted with sudden illness.

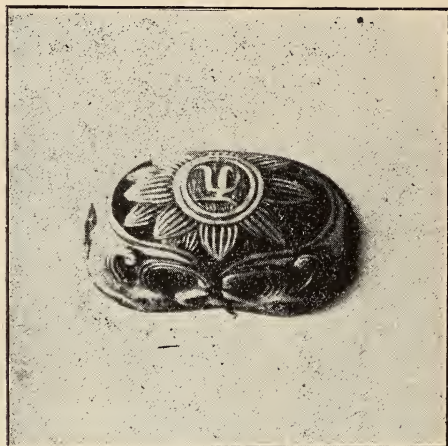


Fig. 4.  
Chinese Phallic Casket.  
(The top.)

The *Cruban Stone* (*Clach a chrubain*) cured diseases in the joints; the name of the stone being derived from *cruban*, a sitting, or squatting attitude, the result of joint disease.

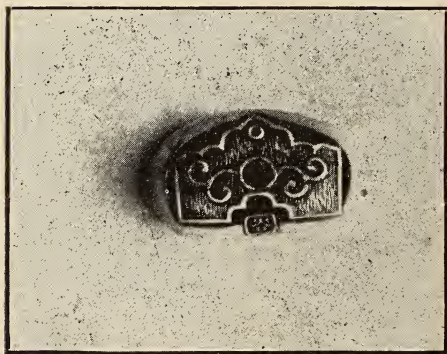


Fig. 5.  
Same as Fig. 4.  
(The bottom.)

The *Clach a Greimich*, or “gripe stone,” would relieve colic or other internal pains. This stone is to-day preserved, says



Campbell (*op. cit*), and is curiously marked—"a round stone, with six irregularly arranged circles carved on it."\*

*Warts* are removed by putting in a bag as many joints of straw as there are warts and leaving the bag on the highway; the one who first opened the bag got the warts; a grain of barley for each wart was buried; if these failed, pig's blood was rubbed on the warts and wiped off with a clout, which was left in the road, the first person opening it to secure the warts.\*\*

A *stye* was cured by pointing the end of a burning stick at the eye, twirling it in a circle, meanwhile repeating one of several charms, like "A stye one, a stye two, a stye three, a stye four," and so on to "a stye nine," and then adding, "take yourself off, stye." Other charms were said like this in form, and rubbing with gold was also practiced.\*\*\*

*Stiff neck* was cured by squeezing between the legs of fire tongs.

*Hiccups* was stopped by accusing the victim of theft; a logical method as the natural excitement in anger cause a revulsion of the nervous reflex.

*Whooping cough* was remedied or made mild by "mare's milk drunk in an aspen spoon."

Toothache had a supreme remedy—a dead man's finger or a coffin nail put in the mouth, both of which had to be obtained from the grave by the afflicted one.

A charm for *toothache*, believed to have come from the Isle of Man, was worn by the goodly and given for nothing on Sunday to the sufferer:

"In the name of lord petter sat on a marble  
stone aweeping Christ came by and said  
what else you petter petter said o lord  
my good my dok toockage Christ said O  
lord petter be whole and not thou only  
but all that carry these lines in my name  
shall never toock Christ cure the toockaig."

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\* The circle is apparently the emblem of mystic purpose with all primitive people, no matter how the circle may have been derived. The American mound builders have left behind considerable pottery carrying these circle markings, certainly having some significance.

\*\* With us, the blood from a pricked wart is put in a cracked grain of corn and then buried; or a cotton thread is run through each wart and afterwards buried; or three drops of blood are taken from the wart, a prayer (Charm?) said and the blood is wrapped in a cloth and burned.

\*\*\* A gold ring is heated and applied to a stye, even now, in the United States.

Here, as in many of the Celtic charms, we see the intermingling of the mystic with the Christian faith.

*Epilepsy*, spasms or fits were forever prevented by twining around the new-born a rope of straw and afterwards cutting it in bits and throwing it away. After one attack, however, the efficacious remedy was believed to be obtained in burying a cock alive, after which no other attack could occur.

*Madness* always found forceful treatment, and numerous. The belief in a dominant evil spirit is evident in each method of treatment handed down.

On Thursday a person took the madman behind him on a *grey* horse, galloped at utmost speed to some fixed rock or stone, to which the madman addressed himself, and after that he would recover.

In the Hebrides, a rope was put around the waist of the lunatic, and he was dragged behind a boat under water until he was nearly dead.

*St. Fillan's Pool* had special virtues against madness. The rites were quite formal and consisted chiefly in ducking the madman, taking three stones from the pool and depositing them in a sacred place, binding the madman with due ceremony, and if he escaped, he would recover.

*Leprosy* (*Mùr*) is related as cured at a waterfall in Skye. This fall, called *Easa suc con*, forms a natural basin in the rock, and there a daughter of Lochlin, afflicted with *mùr*, finally came, under direction of a prophecy telling her she would be cured in a Northern island. Emptying the basin, she lay in it until it filled again and covered her, after which performance she was cured.

In many countries, certain springs, wells and waters were known for their charmed cures, and in Scotland this was especially true. Of these to be mentioned are the *Frian flagstone* well in Jura, where a pin, a button or other part of the garment must be left. In the cave at *Sanna*, in Ardnamurchan, in Merrivale, near Loch Maddy, in the isles of St. Cormick, in Coll, by the rock of *Cairgein*, are to be found waters with special virtues.

Cologne, on the Rhine, was once famous for its charms for health. The legend of the Maid of Cologne relates a case of blindness cured.

Lourdes, in modern times, and our own St. Roch's in New

Orleans, bear witness to the superstitious beliefs in the power of tokens charming illness away.

Besides these charms, certain fetichal plants have always been in some vogue; the wild hyacinth, clover, ash, yarrow, the cedar, juniper, and others to note.

*St. John's wort* (*Achlasan challum chille*) among the Celts was to be found by accident to have any virtue; it must be preserved by the finder and would guard against fever, bad luck, and the fairies. The rhyme to be said in pulling it is given here.

“ The axillary plant of Colum-Cill,  
Unsought for, unwanted,  
They will not take you from your sleep  
Nor will you take the fever.  
I will pull the brown leaved one,  
A plant found beside the cleff,  
No man will have it from me,  
Without more than my blessing.”

Which in Gaelic reads:

“ Achlusan Challum Chille,  
Gun sireadh gun iarraidh,  
Cha d'thoir iad as do chadal thee,  
Is cha ghabh thu fiabhrus,  
Buainidh mis an down duilleach,  
Luibh a fhuaradh an taobh bear raidh,  
Cha tugainn e do dhuina  
Gun tuilleadh air mo bheannachd.”

All of these things cling to the sentiments of a people, and form a web of a certain homogeneous sense which all time may not destroy.

My own childhood had a large atmosphere of the superstitious and was spent under the tutelage of an old negro man, who was as full of these things as his lonesome life and his racial instincts could make him. He would teach me the fear of a “*hant*,” the potency of charm against the black cat, and he would mutter sounds in an unknown tongue when left to his own reflections and when full of a memory of a precedent time he had scarcely known. A nurse of one of my cousins was an Irish Gael, with all of the racial superstitions and prejudices. She would spend her time with both of us in telling the legen-



dary tales of Ireland colored always with the warning of seers and with the fetich tokens we have thought about above.

We are going to live more and more in a psychic life and though in a higher plane than lived the ancestry before us, we are traveling along the outer rim of a very great circle, from which from time to time we may and must see that the peoples who believed in these things only did so because they were hungry for something outside the materialistic and, knowing no better, they builded their psychic life, without reason, without logic, and only from instinct, which was crude and needed crude methods.

## II.

### NEW—IDEALS OF DEATH AND LIFE IN THE ART MEDICAL.

“It is not an ill thing to cross at times the marches of silence and see the phantoms of life and death in a new way.” \*

We, of the medical profession, stand oftener at the gateway than others; oftener lift the glass to the willing or unwilling lips and see it drained until the oblivion of that “river brink” of Darkness has been well passed.

The law of Nature compasses its fulfilment by the rule of death. Each springtime blossoms through the season of darkness. Meantime the world has ever tried to fashion substance out of those human bubbles as if the cycles could be made into veritable circles of infinity.

Calamities have grown with the multiplication of peoples; death has seemed necessary to preserve the various kinds. The unit cell of every life makes only a place to be filled by another cell when it has finished its time.

With every autumn wind the forest path is strewn with fallen leaves, and yet again the self-same forest spreads anew its blossoms in the springtime, forgetful of the past.

As students of the morbid side of Nature's dispensations, we owe it to the great cause we follow to stop at times and listen away from the cries of distress, from the mortifying members of the human kind, and to think in logic mind of the end of things.

Virchow lived long enough to fashion his mind into believing in a unit life and a unit death. He spent his life in rounding

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\* *The Magic Kingdoms*—Fiona McLeod.

philosophies and doctrines of living, both in the politic and organic world; yet he has passed beyond the Veil, with only some spent cells to mark the way he came.

The significance of death has ever varied with the racial instinct. The history of suicide from ancient times has related death as symbolic of every sense from that of shame to that of highest honor or distinction.

Plato preached the beauty of the land beyond the present life; Socratic hemlock is the symbol of a death in honor; the Spartans died in glory for a cause; the Japanese considered *hari kari* a tribute to their sovereign and the sword was ever ready at his beckoning, and the pretext seldom grave!

Virtue held death preferable to disgrace, and the funeral pyres of Egypt and of the Druidic rites bore both the living and the dead, once mated, into the better land.

In cold science, death seems to have taken a new place, and its brutal, horrible, fearful characteristics have risen supreme. Only in a sense of patriotic glamor, or in the fury of a disappointed love, does the glory of death remain in this latter day. Abstract considerations, the punishment of crime, the brutality of murder, the crowding of one fearful catastrophe upon another, the passing of thousands from life to death have created a sense of dull apathy which makes the thought of death less imminent, though more fearful.

The array of assurance probabilities, of accident preventives, of the monetary considerations attached thereto, all make life seem more sure and death less potent.

Yet we of that same medical profession spend our lives in fending off the grim destroyer and subsist by doing so.

What is death? Can we soliloquize with that mad Prince of Denmark:

“To die; to sleep;  
No more; and by a sleep to say we end  
The heart ache and the thousand natural shocks  
That flesh is heir to.”

\* \* \* \*

“To die, to sleep;  
To sleep; perchance to dream, ay, there's the rub;  
For in that sleep of death what dreams may come  
When we have shuffled off this mortal coil  
Must give us pause?”

It is that vague phantasmal longing for a continuance of this life which ever creates the conception of it and which makes death seem to many just the bridge over the silent river, which passes between this land of desire and that land of hope.

Again, death has been a bourne of eternal happiness, where quarrels end in peace and where love and friendship rule in kindly spirit; the gateway to the home of souls, escaped from mortal coil and risen to a land divined beyond the skies; the dwelling place of every evil, infested with the twists and turns of writhing venom-spitting serpents, whose very coils are index of eternal grief.

A state of being, is death, which stalks by night and passes over by day, led by its harbinger with inverted scythe, ready to sever the slender cord which only frailly binds the worlds it joins.

Again we find the grim messenger in skeletal array, with bitted charger, impatient, pawing at the gate and ready for the double burden into that other land.

A hooded maiden, with eyes profound, her lips sealed with a Nemetic finger, her figure cloaked in lightless folds, is emblem of the deep abyss, which ends in that great Nowhere, full of such fearful imaginings.

Such are ideals of death, but it is not the purpose here to spend the time in building word pictures, to please the ear nor to render less profound the passing hour.

Death is and must be a comparative term. In its definition in a most literal sense, it applies to the reduction of the individual cell to an inanimate substance, without the power of resurrection. And even with so exact a definition we are ready to confess to a desire to broaden its interpretation.

Spiritually the individual never dies; his soul, ethereal spirit, vital element, goes on ever to make up the sum total of universal force, no matter if his bones have fed some hungry hyena, or with his remains he has nurtured the blossoming woodland—the spirit is there and the purpose fulfilled. But of this and of other spiritual soul life, the being is alike unconscious, except where now and then that same phantasmal longing may in some unknown psychic way, develop a country for the soul, which humbler and less fruitful minds have never bordered on, some Eldorado of the imagination, which like the airy



*Chateau d'Espagne* vanishes in thin air when Death knocks at last.

Spite of all, the ideals have from the beginning formed the essentials of well being. Hope and the achievement of things conceived have all made life the more wholesome and the more beautiful. These are ideals, just as much as the imaginings of a Life beyond, and to satisfy a success, to reach out after Fame, to add glory by a feat at arms, all make existence rounded and feed the spiritual in our being.

Time was when the human kind fulfilled the cycle in another way, with only the bare forms of life; but even then there arose the ideals of domestic, family and a sort of religious existence, though the end came just the same as now.

Our world to-day is full of the living and the dead. No day passes without the driftwood in the aimless whirl knocking, knocking and turning away with no care for the next move. *And this is a sort of death.*

High aims and good work fall by the wayside and even strong souls drop into the oblivion of idleness and even of offense—and *this is another death.*

In the body politic, men strive for aims low and sordid, and others stand by and raise no hand nor cry—and *this is a sort of death.*

We, of the profession of medicine, owe it to ourselves not to die a sort of death. The world is growing nearer and nearer into a soul life, in spite of its sordid selfishness. The psychic is burning its way into the fields of human art, of human feeling, of human achievement—and we are, many of us, way behind the line of advance.

The profession of medicine has sat at the footstool of science, now and then gathering some of the leaves which have fallen from the hands of the alma mater of all knowledge; again, some more emboldened spirit has snatched a full garland and has carried it off to render a proper return in advanced knowledge.

But are not the rank and file living one of those sorts of death?

Are they more than the individual cell, surviving only long enough to yield place to another, perhaps more potent cell, with less of the element of death and more of the element of life?

Crystallization in every way is the future hope of the medical profession; organization into community of interests; broadening into a fraternity spirit and developing a working capacity for common good which will make a solid and wholesome profession; even if the cell unit must perish in the sacrifice for the advancement of the good of all.

Whenever a great man passes, the news blows on the wings of some swift messenger, spreading into the corners of the earth. The vibrations carry broad and deep reflection—until another dies. But the world moves on, and, like the bubbles in the frothing sea, all seem alive and those that break and go their way are never missed.

But after all, it seems as if the future, unknown as it may be, profound as its negations are, must mean more than the end of things; for even Goethe grew hungry for the close:

“ There seizes me a long unwonted yearning  
For yonder silent, solemn spirit realm;  
My faltering, fitful song is tuned to mourning,  
A harp Æolian in a windy elm;  
A shudder seizes me, the tears throng burning,  
And soft, sad thoughts my steadfast heart o’erwhelm;  
All that I have, now far away seems banished,  
All real grown, that long ago had vanished.”

But the world still needs the reflections of all kinds of light to ferret out the corners in the dark places. It is difficult always to render homage to the Ego, that worldly god of all:

Ego is the power, the Universe of all  
Who, earthly, vibrate to the Primal Cause.  
Each act, in force, in fate, must win or fall  
Upon conditions made by fact and laws.  
Divide the cycles of all time and space  
And what remains is only substance true.  
The swiftest always wins the race,  
The burdens many bear, the laurels few.  
’Tis waste and power which energy fulfills,  
The one or other small or great;  
For time and circumstance determine ills—  
For those who worship as they kneel to Fate.  
The Ultimate is one which all men reach  
To fathom out the secrets of the Earth.  
As dead they lie—one lesson yet to teach  
That every good must end, as it had birth.  
*Divide the infinite and Infinite remains;*  
*But Infinite began where Finite ends!*

In every ballad of life the shadows find their place, and everywhere in Nature's glorious plan the negative is presented to intensify the good; that morbid in the true, which is the excuse for evil and the cause of that fleshly loss of balance which we call disease.

In the atmosphere of daily life, as physicians, time seems to speed with winged flight and the thought beyond the moment makes sad philosophers of us who, of all men, should find the way the first to lead to the great cause of things.

The art of medicine is fast growing into one of those arts lost in the nebulous past; the present so full of commercialism and the crafty search for the *quid pro quo* promises for the future a materialistic profession barren of that sort of tenderness which even the priest has never learned.

The intuitive touch of the hand, the quick perceptive eye have quietly fallen into the skeletal closet which guards the old sun dial and hour-glass of time and with much less reason.

The soul life is yet ahead of us and the art of medicine needs soul thoughts and soul touches to keep it alive.

We may have used our terms ill advisedly, but we believe that art is above science and that science is but one of her hand-maidens.

The distinction which all great men have attained was never reached by the mechanics of science; nor have great names been emblazoned on the palimpsests of history simply through the success alone, which they have gathered.

The self-consciousness behind it all of having had high aims, aspirations above the sordid laurel leaves which decked their brows have given the divine afflatus which some have called genius, but which must be defined in the range of art, art, which is that application of the senses of the intelligence to achievement.

But men have died unknown and unsung, as flowers which breathe in passing as they die, who have had consummations, who have ennobled life, have worked with only darkness as their guide, and we may apply their lives to ours; let them break into that virtuous inanity of routine and sound for us some clarion note of challenge or of advance.

The psychic unit which is the element of that desired crystallization is potent in us all and it but needs the stimulus to grow



into its own broad usefulness. The world has always known the men in front, *but no great fight was ever won without a rank and file.*

One great man after another has died with the regret of neglected achievement, not fearful of death, but sad at leaving so much undone. A host of men have blazed the way for the art medical; many have dropped into the pool of forgetfulness the emblem of their trade, and have lifted heavy burdens for the art itself; some have hewn long with small reward, while others have marked grand highways through the wilderness of ignorance and of bigotry.

The names of men who have passed from medicine into fame are many, but yet too few for so great a cause. The every day life must reflect these things—the future of medicine depends upon it. It is not only the price of services, but the quality, and above both, the reason for them.

It is not the part of every man to write essays, nor to make disquisitions. Some there are who, like Cincinnatus of old, plough while peace rules, but don the armor in time of battle, and with us there must be Cincinnati who are ready to put on the armor for the cause.

It is not only the songs of the birds in the forest, nor the rustling leaves, nor the smell of freshness which makes the spring-time, but without these things there could be no spring-time.

And so there must be art in medicine, of such kind as you will, but not barren, rather a fruitful one, carrying with it the sentiments of community, of interest, of achievement, of earnestness, of fraternity, so that in the days to come we may think of the Temple of Hygeia and of the Great Healer as forever free of those sorts of death, which are only evil shadows after all.

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### Notes on the Health Methods in New Orleans.

By DR. QUITMAN KOHNKE, President City Board of Health, New Orleans.

The two letters which follow form a bit of history which may prove interesting, and perhaps at the same time afford some information to others also:

MY DEAR SIR: Whilst recently traveling from N—— to P—— I met Dr. W—— of P——, who gave quite an elaborate de-

scription of the precautions now taken by the City of P—— in reference to diphtheria, with a special regard to the test tube which the City of P—— furnishes free to all households and physicians, and which I understand are used for immediately testing all cases of sore throat to ascertain if the trouble is incipient diphtheria.

These test tubes are sent by the physician direct to the City Laboratories and there cultured, with the result that in 24 hours, which I am told is three or four days previous to natural methods, the culture is so defined as to show distinctly whether the trouble is or is not diphtheria.

Dr. W——, who holds no official position, but who has been greatly interested in the anti-toxin culture, says the results have been wonderful, and at my request, he has forwarded me the test tube, etc., which I now send you in the box herewith.

I know how keen you are to take up anything promising improved health conditions, and commend this matter, together with the letter of Dr. W——, to your notice.

Yours very truly,

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Enclosures. There is also a test for Typhoid Fever.  
(Dated March 17, 1903.)

*March 21, 1903.*

MY DEAR MR. ——

Your letter of March 17, with specimens of tube and blood slide from P——, through Dr. W., received.

Accept my thanks and appreciation for your thoughtfulness and courtesy, in remembering me in connection with advanced ideas and methods. You will, I hope, however, pardon me for reading with a smile your description of a method, of early and accurate diagnosis, by bacteriological culture, of diphtheria, which was adopted by the Board of Health in this city more than twelve years ago, and has been in use ever since, whenever required.

It is, I believe, a well recognized fact among health officials throughout the country that, the contagious diseases are under more thorough control in New Orleans than in any of the large cities of America.

Dr. W., being a medical man, should know that New Orleans, as a medical center is, in point of age, dignity and learning among the foremost of American cities. However, I would not find fault with him, for his intention was kind and his act courteous.

Permit me, though, to suggest that, while the same sentiment actuated yourself, and, while I have the keenest appreciation personally of your friendly thought, I must, as a fellow citizen, scold you roundly for not immediately taking for granted that

New Orleans was abreast of P—— or any other city in the country.

It is true that the Board of Health is less esteemed (at home) and less encouraged by financial support than similar boards in most cities; but this esteem and support seem to be in inverse ratio to its efficiency and value.

I send you our biennial reports, some specimens of diagnostic facilities (furnished free to the attending physician), some forms, a newspaper clipping, etc. Kindly note the award of a medal by the Paris Exposition for our "up to dateness."

Don't misunderstand the spirit in which I tell you to familiarize yourself with what has been done and is being done.

We are getting only fifteen thousand dollars from the city fathers, and our revenues from all sources amount to not more than fifty thousand, but we are making every dollar pay more than a hundred times in value to the city's welfare.

The commerce of New Orleans depends peculiarly and particularly upon its health record. We have been accused of a high rate of mortality; this has been reduced to an extent *deemed impossible without sewerage*.

None of the great sanitary systems (to cost millions) are in operation now, nor have they ever been; and yet the mortality has gone down steadily to what it is to-day. Sewerage did not do this, for we have no sewerage (municipal). Pure water did not do it, for we are still inflicted with the old private concern and the mud in solution. Drainage did not do it, for the only benefit from that portion of the system constructed is the removal of storm water a few hours earlier than before; and conditions of increased unhealthfulness have been caused by some of the drainage work. What then brought about the reduction in mortality?

The improvement in the milk supply has lessened child mortality.

Meat and other food inspection has raised the quality of food supply, and made it unprofitable to ship to this city impure or spoiled food, lessening thereby the diseases caused by bad food. The filling of low lots and the draining away of stagnant pools from private grounds lessened diseases caused by stagnant water and those transmitted by mosquitoes bred therein.

The prevention of the spread of quarantinable diseases by hastening diagnosis, disinfecting premises and the application of scientific methods *according to the latest knowledge on the subject*, had something to do with decreasing the number of deaths. Household cleanliness is more important than street cleaning, and the influence of the Board of Health has been felt in the household to a far greater extent than has that of the Commissioner been observed in the streets.



The Board of Health has on several occasions prevented serious increase of epidemic disease, and has made no special boast of it, except mine here, now and to you.

I have said a great deal more than I intended, and have been drawn on by my intense interest in the subject.

Pardon me if I have wearied you, and forgive me if I have seemed to respond to a friendly act with ill-natured complaining; this is not in my mind. I am anxious that you, as a foremost citizen, should feel and know that our city, in the medical sciences, is a teacher, not a pupil.

I should be pleased at any time suited to your convenience to personally conduct you through the bacteriological laboratory, the chemist's laboratory, the slaughter-houses and meat importers' coolers, and to have explained to you the processes of examination and analysis, and the careful supervision exercised over the principal food supplies of the city, all of which, together with the other normal functions of the Board of Health, have contributed most importantly to the proud distinction enjoyed by the new as compared with the old Crescent City.

Respectfully,

QUITMAN KOHNKE, M. D., *Health Officer.*

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## Clinical Report.

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### A Case of Xerosis—Ichthyosis Type.

By DR. RANDELL HUNT, Shreveport, Louisiana.

COLLIE HARRIS, white, aged six years.

At birth the skin of this child was normal, and according to the mother remained smooth and soft until he was six weeks old. Then, across the back of shoulders, back of arms and legs, the skin became somewhat rough, afterwards scaly, and the condition gradually spread until the whole body was affected.

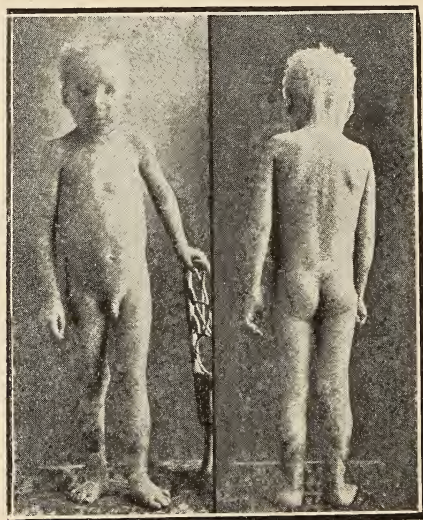
In learning to walk the patient developed talipes valgus, which has increased up to the present time. Another evidence of the lack of nutrition, or natural instincts, is noteworthy in the fact that the patient did not learn to talk until he was more than three years of age. He is now, however, unusually bright for his age.

At the time of this report of the case the mother presents evidences of syphilis of some standing; she cannot recall, however, whether the disease was present or not before the boy was born. The child has Hutchinson teeth, but no other evidence of a congenital affection with the disease.

At three years of age, when the patient first came under observation, he had no hair on the head, but since the first year of general treatment the hair has grown considerably.

*Status presens*.—(June, 1902) The condition of the patient at the time he was seen by some of the members of the Louisiana State Medical Society, at the Shreveport meeting, among them Dr. Dyer, of New Orleans, who confirmed the diagnosis, was at a standstill, and treatment for several months had accomplished very little.

A. well-nourished boy, with plenty of subcutaneous fat, of good stature, bright and intelligent in his prompt reply to all questions.



Case of Xerosis. (Dr. Hunt.)

The following is the clinical picture:

Location, eruption universal, worst on legs, hands and head. The trunk and arms and thigh are covered, but less so than the points first mentioned. The legs are tessellated with adherent

scales, dark, dirty gray in color; both legs and feet are more or less smooth in spots, in which case the scales are closely adherent. The skin at these points is thickened, and in many places fissured.

The hands are much like the feet.

The face is senile, the lids ectropic, the lower lids in a marked degree.

The scales are not shed easily, and all over the body the tendency to induration and to fissuring is noticeable. The stiffness at the knees and elbows, together with the evidences of lack of epithelial formation, point to an imminent trophic change.

*Treatment.*—Certain seasons seem to favor some improvement and the skin becomes softer, but treatment on the whole seems to have accomplished very little. A variety of remedies have been administered from time to time, both for local and internal use, following the advice laid down in the texts for the treatment of this disease. The last treatment employed was with alkaline baths and with mild resorcin and plain ointments.



# N. O. Medical and Surgical Journal

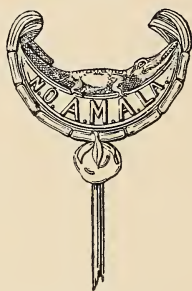
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## Editorial Department.

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CHAS. CHASSAIGNAC, M. D.

ISADORE DYER, M. D.



Welcome.

The spirit of progress is in the air. The Pierian springs are full and free to fill the welkin with a flow of reason and a feast of time-capped science. The heights are decked with emblems of Calliope's forethought of good, and strains of harmony are spreading notes of goodwill, the omens of events, purposeful for good.

The latchstring is outside, and the heart of the Crescent City is warm to welcome a profession working for the common weal. This is the land of sunshine and flowers, of peace, of hope and of promise, of beauty and of good cheer—and to our guests all is to be had for the taking, for this is the welcome New Orleans gives to the American Medical Association.

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### The American Medical Association, Limited.

Some of the members of the A. M. A. want incorporation by a National act. The feasibility of this step is legally set forth in the April number of the *New York State Journal of Medicine*, the official organ of the New York State Medical Association.

The real objects of the American Medical Association are, after all, the elevation of the medical profession and the protection of the individual physician. We often dilate upon the ethic questions, dream of Eldorados medical, where ideals might be realized, but every day face the practical facts that the average medical man does more for less pay than the average man in any other profession of equal grade and incidentally suffers more imposition at the hands of the very public he every day sacrifices himself to protect.

As at present constituted the American Medical Association is a great enterprise, developing power with its multiplying membership, but a power of comparative potency, comparative because it is not tangible. There may be some actual cohesiveness in so large a body of men, but of a sort easily disrupted from the very fact that the only cementing quality is a sense of pride, professional spirit, desire for advanced knowledge, all of which is to be measured and weighed by the ability and willingness of the individual to pay five dollars a year and to belong to some one or more component medical bodies.

The time has actually passed when a Pythagorean oath is effective either in theory or practice and even in the annual, or monthly, love feasts of medical men in small or large, local or national gatherings, there is an undercurrent of the personal equation which, after all, is the *raison d'être* of such gatherings. Centralization is the key note to all modern organization, amalgamation of forces in composite power. The whole economic world to-day acknowledges this and unconsciously obeys the natural law which commands crystalization. The very existence and development of the American Medical Association is a supreme example of this fact; the late organization of the component societies, local and State into a conformity of method and system, the acknowledgment of the need of such, all, together, point to the same obedience to the demand for a centralization of system, a system in which the individual gains power by obeying a superior force.

Incorporation means the ability to exercise a proper citizenship, in owning property, in commanding the operations of the law for protection and defense as well as for the advancement of interests.

The questions must arise, first is it necessary for the national

medical body to organize in law; second, is it practicable with so large a body; third, in what way will the individual qualify as a corporate member; fourth, what benefits will accrue. These questions are easily answered: It is not necessary but highly desirable for the A. M. A. to organize by a National act—to increase its power politically and practically in each and every State in the Union, in safeguarding the purposes of its organization, in destroying parasitism, in developing a higher standard for medical services, in commanding a recognition for services rendered the State, at present without pay.

It is feasible, if precedent, as related in the authority above quoted, counts for any thing.

The individual by his membership in the national body, upon proper payment of fees, and under rules of qualification, becomes a stockholder, or may become a stockholder in corporate property.

The benefits to accrue are almost innumerable. The elevation of the individual at once into an organization for offense and defense, in the highest sense. A participation in a professional union, which at no distant time will number as many as 50,000 with the power behind it which the total corporate force of such a body must give it; and its membership will be limited to those who have qualified under strict laws of ethics and of conduct.

The American Medical Association should be incorporated under a National Act.

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### National Medical Consideration of Venereal Diseases.

The Brussels Conference of 1899 and of 1902 stimulated interest enough with the American Medical Association to have the House of Delegates in 1902 pass resolutions aiming at a Congress, or Conference in the United States for the purpose of considering the subject of the prophylaxis of venereal diseases.

A committee was appointed to arrange a plan for such a gathering and to submit this at the 1903 meeting of the A. M. A.

In agitating the question, in a circular under date of March 4, 1903, the committee express themselves:

“The peculiar social, racial and political conditions of our country are so different from those on the continent that they necessitate an expression of solely American ideas on this mooted



question, both from a socio-economic and sanitary point of view.

“The committee desires the support of the medical profession and the aid and powerful collaboration of the medical press of the country to help them in this work. It takes the liberty of soliciting expressions and views editorially and otherwise, and would be glad of personal correspondence from those supporting the movement and who will contribute by papers, etc., to make it a success in case the House of Delegates favor the holding of such a Congress.”

The JOURNAL has always been in sympathy with such a movement. We thoroughly exploited the intending Brussels Conference of 1899 and commented at length upon the conclusions; likewise the project and conclusions of the 1902 Congress.

The New York Committee of Seven, their passive report and the virile work of the New York Committee of Fifteen likewise were discussed by us.

The careless methods in treating venereal diseases, the neglect of patients so afflicted, the indifferent hospital provisions and the popular outcry against any public provisions for the care of the victims of vice are among the evils rampant. The United States has no hospitals for venereal diseases and at most of the hospitals where provision is made, only those cases actually bed-ridden are customarily admitted; the patient with acute gonorrhea, or with acute syphilides, is not only not admitted, but is actually refused admittance in most places when the request to be admitted is uttered.

In the best hospitals a few beds are provided for venereal cases, and these are occupied by the operative cases, or by syphilitics with ulcerative lesions.

Reform in medical colleges where venereal diseases are taught, the education of the public to a necessity for protection, and a free discussion in the open are also things to be thought of when the matter is taken up, since we are asked to say what we think about it.

# Abstracts, Extracts and Miscellany.

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## Department of General Surgery.

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In charge of DR. F. W. PARHAM, assisted by DR. F. LARUE, New Orleans.

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GENERAL SUPPURATIVE PERITONITIS NOT NECESSARILY FATAL. —Dr. J. B. Murphy, in the New Orleans number of the *Journal American Medical Association*, shows in very forcible manner by the report of six cases of general peritoneal infection, *all recovered*; that pus diffused in the peritoneal cavity does not necessarily, that is, inevitably, lead to a fatal ending if prompt and adequate, but not too meddlesome, intervention is had. Of these six cases, one was due to typhoid perforation and the others to perforation of the appendix. All the appendiceal cases showed pus free in the cavity and the peritoneum showed various degrees of involvement in the different cases. All six are, therefore, fair illustrations of what can be done in cases gotten to the table before the peritoneal endothelium has been so extensively destroyed as to give rise to rapid absorption, intense toxemia and collapse. It is so unusual for such cases to recover, that it ought to be very instructive to study carefully the treatment adopted in a series of six such cases so uniformly successful. Before doing this, however, in the present series, let us follow Murphy in his discussion of the causes of the fatal termination usually observed.

The result of a general peritoneal infection depends, in his opinion, on the following considerations:

1. *The type of infection.* Streptococcus infection, with little pus, produces rapid denudation of peritoneum, consequent very rapid absorption and early death; with staphylococcus or colon bacillus infection, on the other hand, this denudation of the endothelium is much slower, and death may be postponed even four to six days until the fibrinous exudate on the peritoneum is exfoliated carrying with it the endothelia.

2. *The period of time between infection and operation.* If

the operation be delayed until the endothelium is destroyed, or after collapse has actually occurred, a fatal termination can not be obviated.

3. *The tension* under which the infection products are retained in the peritoneal cavity. The greater the pressure the more rapid the absorption. Remove the pressure by drainage and there is here as elsewhere in the body an immediate amelioration of the conditions; irrigations are not necessary.

4. *The diffusion of the pus* through the peritoneal cavity. It is well known that infection in the upper part of the peritoneal cavity increases enormously the danger, because absorption from this part of the peritoneum is so much more rapid than from the lower. Hence in all cases effort was made to make the pus settle into the pelvis where it would be under less tension and could be more readily carried off through drainage tubes. In this way the cases reported were saved from the primary, overwhelming dose of toxins, which is usually so fatal.

These circumstances explain the fatal issue in most cases; how such issue may be changed into recovery we think the expedients carried out by Murphy in his cases admirably show, for we believe no one would seriously contend that any case of the series was likely to recover without surgical intervention. In summing up the management of these cases we have taken the liberty of arranging the factors contributing to the result under separate headings, answering the second question propounded by Murphy: Can these conditions (above mentioned) be overcome by medical or surgical treatment?

1. The position of the patient after operation: Raising him to a half-sitting posture, say at an angle of 35 degrees, in order to prevent the pus from gravitating into the upper part of the peritoneal cavity, where, as shown above, the absorption is so much more active, and rather forcing it into the pelvis where absorption is slow, pressure less and drainage more effective.

2. Rapid operation, so as to diminish the amount of anesthetic and the extent of manipulation of the abdominal viscera. For the same reason irrigation and sponging are to be avoided. If the patient becomes collapsed on the table it is practically certain that death will ensue.

3. The administration of antitoxins and other substances to antidote or dilute the toxins already absorbed from the perito-



neum. Murphy believes that antistreptococcus serum, unguentum Cr  d   and saline infusions all proved of material benefit in his cases.

Useful lessons are taught by these cases: As prompt operation as possible after perforation, if for any reason it can not be done before; quick operation, thus saving anesthetic and manipulative shock; maintenance of a posture favoring gravitation of pus into pelvis, and adequate drainage in place of irrigation or sponging out of the pus.

If all of us would take this good advice to heart we firmly believe we should save some cases that we have heretofore seen steadily pursue the downward course. Is it not questionable whether more cases could be saved by the Ochsner plan of starvation, lavage and rectal feeding? Rather, would it not be better to do a quick operation, getting into the abdominal cavity as rapidly as possible and getting out as quickly and as harmlessly as possible, and then carry out Ochsner plan? This is our conviction.

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## Department of General Medicine.

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In charge of DR. E. M. DUPAQUIER, New Orleans.

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FORERUNNERS OF ACUTE RHEUMATISM.—Attention is called to a couple of signs that allow us to make a diagnosis of rheumatic infection and to announce an attack of acute rheumatism before the appearance of fever and articular inflammation. It is hardly necessary to say how this is an important matter, since the salicylic medication is so much more efficient as it is begun at an early date, and the danger to the heart is warded off.

The two signs preceding an attack of articular rheumatism are: (a) Irregular action of the heart; (b) Sore throat.

The arrhythmia or irregular action of the heart peculiar to rheumatism is different from that of nervousness, intoxication, arterio-sclerosis, asystole, etc. Indeed, the number of heart-beats is decreased, oscillating from 50 to 60 beats per minute, instead of being increased; and while the myocardium is con-

tracting with unusual force, the patient does not complain of anything like palpitations. Even when his attention is called to it (the impulse of his heart), he states that he is not experiencing anything unusual about his heart. But he complains of fatigue and apathy. This arhythmia appears on a sudden and lasts only from 48 to 76 hours, disappearing when the fever starts with the inflammation of the joints.

Therefore, when in persons of from 15 to 30 years and of rheumatic tendencies this condition is detected, it is a forerunner of an attack of acute articular rheumatism. While a good diagnostic sign, the condition described has no bearing as to prognosis, since those in which it is noticeable recover from their attack of rheumatism with a normal heart; but the fact shows that the germs are first at work in the heart, hence the rule of always watching the heart closely in rheumatic infection. (*Journal de Méd. et de Chir. Pratiques*, Nov. 10, 1902.) You are probably more familiar with the second forerunner alluded to, viz.: Sore throat; you know the rheumatic nature of many cases of tonsillitis, chiefly in children, hence the rule of watching the throat of those predisposed to rheumatism, and advising not only a swabbing, but a douching of the pharynx either with a Davidson or a fountain syringe, using a teaspoonful of potassium chlorate to pint of water and five drops of oil of wintergreen or of peppermint.—*Internat. Med. Annual*, 1902.

THE SIPHON BOTTLE IN PRACTICE.—In the early stage of tonsillitis (both the follicular and suppurative), Dr. Gaudier, of Lille, advises to douche the pharynx with the ordinary siphon bottle.

A piece of rubber tubing is adjusted to the siphon and to a glass canula, which the patient holds between his teeth. The siphon, then, is discharged into the depth of the throat by quick snaps, at intervals. Between two jets, the patient is allowed to take his breath.

This cold aërated douche is most grateful. It is sedative, it relieves the congested tonsil, massages it and cleanses it. The small pin-head abscesses of the follicular form and even the superficial ones of the suppurative form burst under the siphon. Four or five siphonages, a day, are not too many.—*Journal de Médecine Interne*, 15 Mars, 1903.

As the salutary effects of hydrotherapy in typhoid and also in chronic diseases of the heart are evoked by cutaneous stimulation, Abrams has recourse to the friction bath, in which the patient is first rubbed or sponged with alcohol, and this followed by vigorous cutaneous friction until the skin glows. He has employed, with excellent results in typhoid fever and other infectious diseases and also in chronic diseases of the heart, a simple and efficient procedure which he calls the siphon method. The patient is prepared in the usual way for taking a sponge bath and then, from a siphon, the carbonated fluid is gradually discharged over the surface of the body, especially in the thoracic region. Within a few minutes the pulse is reduced from 10 to 20 beats a minute and becomes stronger, and there is also feeling of exhilaration. The pulse tracings demonstrate the favorable action of this method.—*The Pract. Med. Series of Year-books*, Vol. 6, *Gen. Med.*

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## Department of Therapeutics.

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In charge of DR. J. A. STORCK, New Orleans.

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OVERFEEDING AND CANCER.—Oldfield urges in the *British Medical Journal* that the overfeeding of animals and the retention in their tissues of the decomposition products make the eating of such animals as food productive of an unstable cell equilibrium which foreruns the cancer incidence, and that the same thing applies to vegetables, though in a lesser degree. During his late tour through India he found cancer practically absent from all areas where vegetation was sparse and where the animals used for food had lived a hardy existence, but in those regions marked by ranker vegetation and where the animals were more highly foddered it was more prevalent.—*Jour. A. M. A.*, April 4, 1903.

A NEW METHOD OF ADMINISTERING CHAULMOOGRA OIL.—H. Danlos recommends the administration of chaulmoogra oil by the rectum when it cannot be taken by the stomach. An



emulsion is prepared by making 12 c. c. (3 drams) of the oil with 75 c. c. (2½ ounces) of warm milk and thoroughly beating with a fork. This is administered after the patient has evacuated the bowels; he is then directed to remain in bed for two or three hours.—*American Medicine*, April 4, 1903.

ULCER OF STOMACH.—Westphalen, in an abstract in *Medical Press*, recommends in the treatment of round ulcer, that in the beginning nothing be given by the mouth except a little cold tea or Vichy water, or a small piece of ice. Nutrient enemata may be used during this period, if necessary. This period of starvation by the mouth may continue over a period of from six to sixteen days. Then the author gives four glasses of milk daily, increasing the quantity half a glass each day. After another period of ten days he adds soups and more solid food. He advises the continuance of fresh milk or whey with cream, as they reduce the hyperacidity of the stomach, the milk keeping the motor function of the stomach at a minimum. He also recommends bismuth in heaping teaspoonful doses, in a glass of water, before breakfast in the morning. The diet should be regulated for a year. The patient should be kept in bed for three weeks at the beginning of the treatment.—*Journal A. M. A.*, April 4, 1903.

COLLOIDAL SILVER IN INFECTIOUS DISEASES.—Dr. Netter reports the results which he has obtained from the use of colloidal silver (collargol) in infectious diseases. The medicament is generally administered by friction in the form of 15 per cent. ointment (ungt. Credé), the dose of which is 1, 2 or 3 grn. (15, 30, 45 grn.) per inunction in the case of an infant, adolescent or youth, respectively. It can also be given intravenously by injection in ½ to 1 per cent. solution. The quantity of collargol given thus may vary from 3 to 5 centigrams (½ to ¾ grn.). Particulars are given of some cases in which this remedy was employed—1 case each of suppurating cerebro-spinal meningitis, pericarditis, suppurative pneumonia, and acute ulcerative tuberculosis with bronchial pneumonia, generalized pyemia and scarlet fever; 2 cases of septic diphtheria; 3 cases of adynamic typhoid fever. Notwithstanding the good results obtained in these cases, the author states that collargol is not infallible; its

use does not preclude the use of other remedies; its bactericidal power is feeble, for a 1 in 30 solution took ten hours to kill the staphylococcus aureus; it has, however, a marked inhibiting action, for a 1 in 6000 solution stayed the development of the staphylococcus aureus in a culture; the action of the drug is but little understood; it has a favorable action in many diseases.—*Merck's Archives*, March, 1903.

THE TREATMENT OF LOCOMOTOR ATAXIA BY MASSAGE.—Dr. Constensoux has written an essay recently on the treatment of locomotor ataxia by massage. In this article, published in the *Presse Médicale*, Dr. Constensoux remarked that it was necessary to understand thoroughly what special symptoms one wished to modify before beginning the treatment, and he divided them into troubles of sensation, general weakness, motor troubles, and lastly other complications. In the ordinary symptoms such as anesthesia, light massage is of some benefit; as for anesthesia of the joints, the results are negative, and harm is done if the massage is done too violently, as is sometimes the case. In muscular anesthesia massage is of no special benefit, and the patient is often more tired after the séance. As for the lancinating pains, they are in no wise modified. As a general tonic massage is of some slight effect, but as a means of acting upon the motor troubles, it is quite valueless. In certain forms of paralysis and where there are fractures, the results are quite good. Dr. Constensoux concludes that massage should always be done under the direction of a physician, and is of use as a general tonic, as a means of acting upon certain modifications of the sensibility and to cure certain complications. Vigorous massage should be condemned, and the duration of each séance should be relatively short.—*The Therapeutic Gazette*.

ELECTROLYSIS IN STENOSIS OF THE ESOPHAGUS.—J. B. Feldoritch recommends electrolysis in the treatment of cicatricial esophageal strictures. Without claiming decidedly radical curative powers for the method, it may be safely relied upon to effect rapid and comparatively painless dilation. In three or four sittings, each lasting two or three minutes, the author succeeded in stretching a stricture with a diameter of  $3\frac{1}{2}$  mm. to 13 mm., a feat which it would require months to achieve by

means of the ordinary dilating measures. Recurrences are apt to take place even after electrolysis, but they come considerably later, and valuable time is thus gained. From a palliative point of view, no other method can compete with electrolysis. The technic is extremely simple, and consists in attaching an esophageal sound to the constant current. A galvanometer is indispensable. With weak currents and short sittings, no harm will result to adjacent organs.—*American Medicine*, April 4, 1903.

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## Department of Obstetrics and Gynecology.

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In charge of DR. P. MICHINARD, assisted by DR. C. J. MILLER, New Orleans

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A NOTE ON BOSSI'S DILATOR IN ECLAMPSIA.—Dr. J. W. Ballentyne, *British Med. Journal*, February, 1903, reports the use of this instrument in three cases. The management of cases of eclampsia in labor is still so unsatisfactory that obstetricians are glad to welcome and test any new plan of treatment which may seem to promise success. The rapid dilatation of the cervix uteri with Bossi's four bladed dilator and the early termination of the labor by forceps or naturally is perhaps the newest method of management which has been placed before the profession. He used it in three cases of albuminuria in pregnancy, two of which went on to eclampsia. All of the patients were in labor when he was summoned; in all of them morphin was given and, in one, saline infusion was injected under both breasts. He has dealt with many cases of eclampsia since publishing his first cases in 1884, and now thinks that if we accept the principle of early completion of labor as the treatment of the condition, Bossi's dilator enables us to do this more quickly than any other means; and further, it would seem to do so with safety if properly used.

In the clinical reports of his cases, the time stated as necessary to accomplish dilatation is respectively 20, 30 and 35 minutes. No laceration of cervix was mentioned in any of the cases.



To this experience of Ballantine, it is apropos to add that of W. Zangemeister of Leipsic (Extract, *Annals of Gynecology and Pediatrics* from *Centralblatt für Gynecologie*.) While formerly one hesitated to use forcible dilatation, owing to the resulting bruises and the possibility of septic infection, there now appears to be a different view. With this instrument of Bossi or some of the modifications, dilatation of the cervix can be very easily obtained, but it is also true that one often gets a not inconsiderable tear. Leopold found it necessary to take stitches in three of his first twelve cases although he states they were slight tears. Kaiser also in dilating for placenta previa noted that former tears were made more extensive. Zangemeister's results coincided with the above mentioned reports. In nearly all cases he was able to demonstrate, by digital examination, multiple lacerations, even with slow cautious dilatation. Generally the bleeding is not of much consequence (in one instance profuse) so that only by careful digital examination would the laceration be recognized. One case of eclampsia ended fatally and postmortem examination revealed two long lacerations which extended to the peritoneum, and numerous smaller ones. It is astonishing how easily dilatation is effected, but this very fact makes the instrument more dangerous. Dilatation with the intra uterine balloon is much safer and a rapid procedure. If this is not rapid enough Dührssen's incision may be employed, or multiple incisions.

He thinks Farmer's dilator, which has three branches and is controlled by pressure of the hand the best. Here one can regulate the force used.

THE TREATMENT OF PLACENTA PREVIA BASED ON A STUDY OF THIRTY CASES.—Dr. Lee contributed to *American Gynecology*, August, 1902, a paper on this subject. Of the thirty mothers, but one died, and this death was due to sepsis. Of the thirty-one children, fifteen died; but of these, nine were either not viable or were dead before the case came under observation. If labor had commenced, the condition of the cervix and the amount of hemorrhage will indicate the course which should be followed; if it has not commenced, the membranes should be punctured and a hydrostatic bag introduced so as to rest on the placenta and press it against the cervix, traction being made

on the tube when hemorrhage is slight, the pains regular and strong, and the cervix dilating satisfactorily, the case is to be watched and the membranes ruptured if the bleeding becomes more profuse. The presenting part as it advances will usually check the hemorrhage; if not, and if the cervix is completely dilated, forceps should be applied if the head is engaged. If the cervix is not fully dilated, Braxton Hicks' version, or metreurysis, may be employed to effect full dilation. For metreurysis, Dr. Lee uses Braun's colpeurynter and keeps up traction until the bag is expelled. If then, the cervix is fully dilated, and the head has followed and engaged in the pelvis, the case may be left to nature. If dilation is not complete, version may be performed, or the bag replaced and filled with a larger quantity of water. Too rapid and too early delivery are to be avoided. Great hemorrhage and collapse are not indications for rapid delivery, the sudden emptying of the uterus may increase the amount of shock and kill the woman. In such cases the best way to deal with the hemorrhage is to turn the child and use the breech to tampon the lower uterine segment.

It may be of interest while on this subject to add a few lines on the much discussed operation of Cesarean section in placenta previa. Hirst, in the article written for the American Text-book of Obstetrics, states that a careful consideration of the cases submitted to the operation, of the arguments advanced in favor of and opposed to such radical treatment, and the writer's experience in treating placenta previa convinces him that Cesarean section is not to be seriously considered except under the following conditions: When the os is undilated, the hemorrhage uncontrolled by firm tamponade, the child at term and living, the patient *uninfected* and not moribund from loss of blood, and her environment such as to favor a rigidly aseptic operation. The conditions named will rarely be encountered. The gravity of the case often first declares itself by profuse hemorrhage. The patient then is an unfavorable surgical subject. She frequently will have been subjected to manipulation that has infected her, and the probability of postpartum hemorrhage from the lower uterine segment will render the Säger operation of doubtful utility in most cases. The child may not be viable, and valuable time will be lost in preparing for section. In 50

cases of complete placenta previa in Schauta's clinic, only 18 had reached full term and the life of a premature infant under such circumstances is in the greatest jeopardy by any means of delivery. The maternal mortality, of placenta previa, since the era of clean obstetrics, is not greater than from 5 to 10 per cent. In Schauta's clinic 234 cases were treated in the last ten years, with a mortality of 6.8 per cent. for mothers and 54 per cent. for the children. Of 50 cases of *central* placenta previa, the maternal mortality reached 18 per cent. and of the children 70 per cent. died. The editor, Richard Norris, adds that the future will probably reveal the fact that the operation can never be generally adopted; that it offers in some cases better chances for saving the child by adding risk to the mother, and that it shall be elective only by the judgment of one skilled both in obstetrics and abdominal surgery.

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### Maternal Impression.

(Taken from "Life.")



"HANG IT! I KNEW I HAD NO BUSINESS TO WATCH THAT CIRCUS PARADE!"



## Department of Ophthalmology.

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In charge of DRS. BRUNS AND ROBIN, New Orleans.

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UNUSUAL FRACTURE OF THE ROOF OF THE ORBIT WITH EVULSION OF THE EYEBALL.—In a paper read before the Canadian Medical Association, Dr. J. W. Stirling reports the case of W. B——, aged 35, a large, powerful laboring man, while working on a pile of lumber fell from it to the ground, a distance of twelve feet. In his fall he struck an iron crowbar of about  $1\frac{1}{4}$  in diameter, which was standing upright in the ground, the point of the bar entering his left orbit. He did not lose consciousness, but staggered to his feet and walked to the cab which brought him to the hospital. There was but little bleeding at the time. Two hours later the lids and soft orbital tissues presented a mangled mass, the eyeball unruptured, but dislocated in such a manner that the upper posterior surface presented outside the torn eyelids, through which the eye had been forced, the cornea being directed towards the floor of the orbit. The upper bony margin of the orbit gave distinct crepitus on palpitation. There were two vertical lacerated tears in the upper eyelid and one in the lower. Pulse 70, low tension; temp. 97.2 deg. F.; intellect clear. The patient next morning showed marked signs of drowsiness, which was gradually increasing, the pulse being under sixty, but there was no decided headache or pain. Fearing intra-orbital oozing and also the difficulty of controlling a possible sharp hemorrhage while clearing out the mutilated orbital contents, a consultation was had with Dr. Armstrong, who agreed in the advisability of ligaturing the common carotid and performed the operation. The orbital contents were then cleaned out, the optic nerve found ruptured and the roof of the orbit broken into a number of pieces, which had to be removed, two being as large as a finger nail. The fractures extended backwards and inwards about two inches, involving the nasal, frontal, sphenoid and ethmoid bones. There was also a depressed fracture of the floor of the orbit towards the outer

angle, the lower margin of the orbit not being involved. The orbit was now thoroughly cleansed, pure carbolic acid swabbed over, followed by alcohol, and then finally dressed with Friar's balsam and gauze. The patient made a rapid and uneventful recovery, leaving the hospital in three weeks. The crowbar had evidently entered the orbit above the eyeball, tearing the lids and dislocating the eye downwards and forwards. It is remarkable how the eyeball escaped rupture and how the crowbar escaped penetrating the cranial cavity. The depressed fracture of the floor must have been caused by indirect pressure.—*Montreal Medical Journal*.

MERCURIAL TREATMENT OF NEOPLASTIC OCULAR AFFECTIONS. —“Always think of syphilis,” said Ricord, and later Fournier repeats the advice. We should look for it in the individual, in his parents and collateral relatives. If a patient have an affection apparently non-syphilitic and we can find specific symptoms in the brother or sister, this fact should impel us to put him on anti-syphilitic treatment, and by this we desire to lay emphasis upon the value of mercurial treatment, especially when dealing with the early phenomena of the disease. Fournier instances a man, 34 years old, with a large tumor of the posterior chamber, to all appearances a sarcoma. Of 15 children in his family 12 had died. Careful searching failed to reveal any stigmata of hereditary syphilis in the patient. The patient's brother was of the belief that their father had had syphilis. In fact, while the man with the tumor gave no evidence of specific disease from examination of the eye, the brother, on the contrary, presented incontrovertible lesions of this affection. Without further hesitation, full specific treatment was instituted with decided improvement in eight days. Three weeks later the tumor had markedly diminished in size, and in two months it had disappeared altogether, and patient had gained 25 pounds in weight. This case is very instructive. It demonstrates that a tumor appearing almost beyond doubt malignant may be syphilitic. It proves also that hereditary syphilis may be present without visible external manifestations and still determine accidents of the most terrible character.—*Recueil d'Ophthalmologie*.

## Department of the Ear, Nose and Throat.

In charge of A. W. DEROALDES, M. D., and GORDON KING, M. D.,  
New Orleans.

**GELATO-GLYCERIN BOUGIES FOR ACUTE EARACHE IN YOUNG CHILDREN.**—Acute earache is often of sudden and violent onset in children, and a remedy to be universally applicable should be one capable of quickly giving relief and easy of administration. Dr. Geo. L. Richards, of Fall River, advises for this purpose, where the necessity for paracentesis is not yet evident, the application of anodynes in the form of aural bougies. This method of applying remedies to the ear was first advocated by Gruber, of Vienna, but has not met with universal favor.

The vehicle for the active ingredients is composed of gelatin and glycerin in such proportions as to insure a melting point a little lower than body heat. The bougies are made in small enough size to be easily introduced into the ear canal, and each contains, according to the author's formula,

Acid carbolic .....	gr. $\frac{1}{6}$
Fl. ext. opii .....	gr. $\frac{1}{4}$
Cocain .....	gr. $\frac{1}{4}$
Atropin sulphate .....	gr. $\frac{1}{30}$
Aquæ.....	} .....
Glycerin.....	
Gelatin .....	
	ea. q. s.

The bougies are kept in lycopodium powder or wrapped in tin foil, and when one is to be used it is first washed off in warm water and then slipped into the ear. It readily melts and the anodyne ingredients come into contact with the inflamed canal or drum membrane. The author has seen many cases relieved quickly of pain and often the inflammation aborted by the use of these bougies early in the attack of external or middle ear inflammation.—*Journal Am. Med. Association*, Jan. 24, 1903.

**CONSTITUTIONAL MANIFESTATIONS OF ADENOIDS.**—Usually the attention of the general practitioner or the specialist is called to the pharyngeal tonsil in children when the gland becomes the seat of pathological change or causes mechanical obstruction to the nasal respiration.



Kyle, of Philadelphia, emphasizes the fact that a general systemic infection may take place through the medium of this structure whether it be greatly enlarged or not. He is of the opinion that many cases of undefined febrile attacks in children are dependent upon the absorption by this lymphoid structure of infectious elements coming in contact with it.

Children having this enlarged gland are more susceptible to attacks of cold and fever than others, and are more seriously affected by the infectious types of fever. Removal of the adenoids will render such children less easily affected by colds, and a simple antiseptic treatment applied to the gland will often relieve a febrile attack to which no other cause can be assigned.—*Laryngoscope*, Sept., 1902.

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## Society Proceedings.

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### Orleans Parish Medical Society.

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MEETING OF APRIL 11, 1903.

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#### SCIENTIFIC PROCEEDINGS.

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DR. E. J. GRANER, President, in the Chair.

DR. T. S. DABNEY read a paper on

#### Asthma in Young Children.

Authors differ widely as to the prevalence of asthma in children. James Fordyce, Goodhart and Ellis make no allusion to this disease in their works on diseases of children. J. Lewis Smith mentions it casually under the head of internal convulsions and seems to confound it with laryngismus stridulus. Rotch says it is rare in infancy, though common enough in childhood. Holt, on the contrary, considers it quite prevalent in all the stages of childhood. He thinks the disease is often

overlooked or confounded with bronchitic attacks. Such has been my experience, and it is for that reason that I am here to-night speaking to you on this subject, believing, as I do, that many practitioners confound a pure vaso-motor neurosis of the respiratory tract with genuine pulmonary affections. I well recollect some years ago, whilst attending to the practice of a colleague, who was ill, seeing a lovely child, nine months old, suffering from an attack of asthma that so closely resembled capillary bronchitis as to have completely deceived the regular family attendant, who had, in consequence, given a very grave and well-nigh hopeless prognosis. The promptness with which this child recovered under appropriate treatment from his incessant cough, severe dyspnea and great exhaustion, showed conclusively the neurotic basis of the disease. Various are the forms and many are the provocative factors in this disease. It may be laid down as a broad principle in the etiology of asthma, that these little sufferers are descended from the defective classes—from the neurotic, the rheumatic, the gouty, the syphilitic, the rachitic and the scrofulous.

Holt differentiates four varieties of asthma seen in childhood :

(1) The capillary form, ushered in suddenly, with moderate fever, incessant and severe cough, cyanosis, prostration, cold extremities, with the chest filled with sonorous, sibilant and sub-crepitant râles. This form occurs only in infants and is very dangerous, often resulting in death.

(2) The catarrhal variety is the most common form of the disease and the one most often overlooked. It may precede, or accompany an attack of acute or sub-acute bronchitis, or it may follow in the wake of bronchitis. The respiration is noisy, labored and wheezing, and at times very rapid—50 to 80 respirations per minute. The cough is usually not very severe and the expectoration is scanty. These attacks last from a few weeks to many months, especially when they occur in the winter and early spring.

(3) The third variety is known as hay fever or rose asthma, and idiosyncrasy plays an important role in this class of cases—the smell of new mown hay invariably bringing on an attack in one child, but having no effect on another. The pollen of various plants, the perfume of many varieties of flowers, the

smell of the ordinary domestic animals, various vapors, gases, etc., serve in different instances to provoke an attack in those possessing that peculiar idiosyncrasy.

(4) The fourth variety is that form of asthma usually seen in adult life and should be easily recognized by even a careless diagnostician.

These attacks usually occur at night and at intervals varying from a few weeks to a number of months. The attack is ushered in by dry cough, loud wheezing breathing, prolonged expiration, sonorous, sibilant, and later, moist râles; deep recession of the parts, as in laryngeal stenosis is seen; emphysema occurs much more rapidly than in the adult, and it gives rise to marked thoracic deformity. Loss of sleep and lack of nutrition in these cases breaks down the health and demand active interference. A warm, dry climate is the best prescription for this class of sufferers, though great benefit may be derived from inhalations of creosote, cod liver oil, fumes of nitre paper, and the leaves of belladonna and stramonium. The use of opium or cocain in this, or in any other form of asthma, is to be greatly deprecated, though on emergency it may be admissible to give a hypodermic of morphin and atropia. We should ever bear in mind the ever imminent danger of that habit, far worse than the disease itself. Our land is filled with hopeless victims to cocain who contracted the habit through "asthma cures." Let us see to it that none of these poor castaways can lay their downfall to legitimate medicine.

The cause or causes of asthma have not yet been definitely determined. However, they can be divided for convenience sake into two classes: (1) Those acting directly upon the nervous mechanism of the lungs; (2) those reflected from some remoter part. It goes without saying that the exciting cause can provoke the attack only in those having a predisposition to the disease.

To the first class belong the dusts, vapors, gases, odors, smells, etc., that impinge directly through the mucous membrane of the respiratory tract on the nerve supply of those parts. The second class includes elongated uvula, adenoids, hypertrophic rhinitis, growths in the pharynx, etc. Uremic, cardiac, gouty, saturnine and mercurial asthma is supposed to be due to irritation of the respiratory centre in the medulla



oblongata, by vitiated blood. Bronchial glands, enlarged by syphilis, tuberculosis or scrofula, or by any other cause, may induce asthma by irritation of the pneumo-gastric nerve.

*Prognosis.*—The prognosis in all forms of asthma, except the capillary, is good so far as the individual attack is concerned, but the permanent cure of the disease is quite a different affair. However, if cases be recognized promptly in young children; if the provoking causes be removed and if the child be given the benefit of the best climatic, therapeutic and hygienic treatment, the percentage of permanent recoveries will be quite high.

*Treatment.*—The diagnosis being arrived at the next most important thing is the treatment. For this to be rational and successful, a careful family history of the child must be obtained. Then a close search must be made for all obstructions in the naso-pharyngeal region. The generative organs and the skin must also be carefully examined for it is generally believed that various forms of irritating skin lesions and phimosis bear a causal relation to asthma. If the attacks persist after the provoking cause has been removed, as they unquestionably will in very many cases, then we will have to resort to constitutional treatment. Codliver oil and a high, dry climate for two or three years will often be found of incalculable benefit. Iodide of potash has long enjoyed an enviable reputation in the treatment of this disease and its reputation is fully warranted by results obtained from its use. Its rationale is easily explained by its resolvent action upon indurated glands, nodes, etc., so abundant in these little sufferers. However, I never use this remedy, on account of its bad taste, its destroying the appetite and digestion of these patients. I now confine myself to the syrup of hydriodic acid when I wish to get the benefit of the iodine. So far as I know this pleasant and unchangeable syrup of hydriodic acid was introduced to the profession twenty or more years ago by R. W. Gardner of New York. To this day Gardner's syrup is the most reliable on the market.

It can be given in drachm doses every 3 hours to children one year old and its use can be continued indefinitely. Infants three months old should take 10 drops four or five times a day. During an acute paroxysm, relief will almost invariably be obtained promptly by causing the child to inhale the fumes of

equal parts of leaves of belladonna and stramonium. Nitre paper burnt near the child at times proves efficacious.

At no time must the so-called cough syrups be administered, as they are absolutely without any value and, besides, they destroy the appetite and upset the stomach.

The child's bowels must be looked after, its diet must be arranged according to its diathesis.

Warm baths, sunshine, fresh air and clothing suitable to the season and climate must also be provided. The child should not be bundled up, nor wear any throat or chest protector. Light worsted underclothes should be worn in this climate, from about November to May, to avoid too sudden chilling of the surface.

The very best results are obtained from the cold shower bath, given every morning before breakfast, winter and summer alike, followed by a brisk friction rub with crash gloves. I have seen cases of the most obstinate character, cases that had lasted for years and had been a thorn in the flesh of other physicians, yield promptly to this line of treatment. Of all baths, the shower is the most invigorating, as well as the most productive of vaso-motor changes, hence its great value in this vaso-motor neurosis. This is the physiological remedy par excellence and should be used in conjunction with remedies suitable to each case. When all remedies fail, then change of climate is our *dernier ressort*. Hot, dry, high localities give best results. As was said in the beginning of this paper, asthma is a legacy of ancestry, and to be rationally treated, treatment should begin before posterity comes into its own.

#### DISCUSSION.

DR. JOACHIM said that asthma in children was a subject in which the the throat and nose specialist was keenly interested. The doctor was specially interested, since he had recently had some very obstinate cases under his observation. Among the causes for asthma, the diseases of the upper respiratory tract had been considered as producing a large percentage of cases, especially in children. Among a number of very successful cases, he had encountered a few where all abnormalities, such as adenoids, pharyngeal tonsils, etc., had been removed and the nasal organ put in practically normal state, still the asth-

matic symptoms continued unabated. The favorite time for the attack to appear, in adults as well as children, was at night. In cases not otherwise relieved, the best results had followed a change of locality and climate; but this in many cases was very hard to be accomplished. The family's life was disturbed in making the change; the cost was to be considered, and the usual recommendation of a high and dry climate was not always the only advice of service. Decided improvement had often followed a trip to the gulf coast, or Abita Springs, the children being entirely free from attacks while in their new locality. Acute attacks were frequently relieved by inhalation of fumes of a smoke from the burning of stramonium and belladonna leaves, in the shape of any of the numerous asthma powders. He had used potassium iodide, but he thought that syrup of hydriodic acid was a good form in which iodine could be administered. Besides tonic and supporting treatment he had found that hydrotherapy, in the way outlined by the doctor, the most satisfactorily results were obtained.

DR. STORCK wished to say a few words upon the therapeutic side of asthma. He considered iodides, in the form of potassium or syrup of hydriodic acid, unquestionably the most valuable of all agents in the treatment of asthma. He found that by giving the iodide of potassium in milk, no disturbance to digestion takes place. He asked if a drachm of hydriodic acid was not rather a large dose for a child two years old. He also asked what had been Dr. Dabney's experience with Fowler's solution and oxygen inhalations in the treatment of asthma. Dr. Storck had himself used both with satisfaction. He had frequently employed both iodide of potash and Fowler's solution in the same case.

DR. LAZARD stated that three years ago he had been called to see a child in whom he was at first at a loss as to the true character of the trouble. The temperature was 102 deg., respiration 48, pulse 160. Examination of the lungs revealed numerous râles and a hyperresonant note obtained on percussion. When he left the child that night he felt that he might be dealing with a case of pneumonia. Next morning, upon visiting the patient, to his surprise, he found the child sitting up and apparently well, when he then concluded he was dealing with a case of asthma. The patient went on for several months, having an



occasional attack, when the doctor, upon an examination of the pharynx, found adenoids, which were advised removed, but the advice was not followed until six months afterwards. During this time the child was taken to Chicago, where it had a similar attack as when first seen by him. The physician summoned made the same error as he did, pronouncing the child very sick, and at the morning visit found the patient apparently well. The adenoids were finally removed, and since their removal there had been no further attacks of asthma. The doctor believed that in cases caused by adenoids and taken before the asthmatic habit was established, a large proportion of the children were cured when this cause was removed. In explanation of what he called the asthmatic habit, he said that in traumatic epilepsy, due to pressure, fracture of bone, etc., after a surgical operation, where all pressure was satisfactorily removed, there may occur, unfortunately too often, epileptic seizures. In these cases the operations were performed too late, the epileptic habit having been established. Both of these diseases being vasomotor disturbances, asthma having been called epilepsy of the lungs, it was reasonable to suppose that in cases of asthma in the young, all conditions liable to cause reflex irritation should be removed early, before the asthma habit was established, when a favorable prognosis for permanent cure could be given. The nitrites were of use in both conditions. He felt he had learned something from Dr. Dabney's paper.

DR. MAINEGRA did not believe that adenoids or any stenosis of the nasal channel tended to cause asthma. The only drugs of any true value in his hands were morphin and atropin. He believed that asthma was a disease *per se*. With him, cases of asthma in children were rare.

DR. KEITZ had a case now under treatment of a child six months old and he could not agree with Dr. Mainegra as to asthma being rare in children; he believed it more frequent than the profession as a whole appreciated. Frequently cases of asthma preceded capillary bronchitis. Bromide of potash, with small doses of phenacetin, had borne good results in his practice. He had had no experience with the hydriodic acid, but he had once read in one of the English journals that the em-

ployment of this drug, when given to children under two years of age, was frequently followed by Bright's Disease.

DR. WALET said that under the head of reflex causes he had witnessed a case, at the Touro outclinic, in a boy who was suffering from asthma and resisted all the therapeutic measures, but, when circumcised for an adherent prepuce, was cured.

DR. DABNEY, in closing the discussion, said that in the administration of hydriodic acid in children he did not restrict himself to the size of dose, but was guided by the effect. He gave from 10 to 15 drops every two hours in the very young, but in children from 10 to 12 years old he had given as high as half an ounce. The danger point in administering this drug was not easily reached, but when a coryza manifested itself, he would reduce the frequency from every two hours to every six hours. The asthmatic habit was a very important point and he thought that cases continuing after the removal of the cause was due to a neurosis. Phimosis, eczema, or in fact any peripheral irritation were well-recognized asthmatic causes. Asthma caused from cigarette smoking was frequently encountered. He had a case at his office, to-day, due to the cigarette habit, in which he had forbidden the use of tobacco and put upon syrup of hydriodic acid. It is in cases of asthma due to smoking that he had found the hydriodic acid most beneficial, it seeming to dissolve the nicotine in the system. The doctor had seen many cases of asthma which had been diagnosed by the attending physician as croup. This mistake, he believed, was due to an imperfect examination, in fact some medical men even failed to make a physical examination of the lungs and simply diagnosed it as croup, after making a most superficial observation. The doctor had never tried arsenic in children but had employed it in adults. Iodide of potash in milk, when given to children, had in his experience borne quite disastrous results. Children six months old, when given milk containing iodide of potash, will in a short time refuse milk entirely, and it would then be impossible to employ milk as a food, to say nothing of iodide of potash. He had always made it a rule to avoid any drug that affected the appetite of the child, for he was convinced that upon the general condition of the patient depended the chances of a cure from asthma.

DR. R. D. WILSON read a paper on—

**A Protest Against the Correction of Refractive Errors in Young Persons by Opticians, with Reports of Cases.**

This paper, my first submitted to the Orleans Parish Medical Society, will seem not to conform with the work which in the past I have been known to pursue, but while following the general practice of medicine, I have been qualifying myself for the field of Ophthalmology, to the limits of which I shall henceforth hope to confine my labors. The above explanation will offer some excuse for expressing an opinion on the above subject.

Refractive errors are probably the most frequent anomalies of the eye, and while quite a large percentage are purely spherical, yet astigmatism alone or combined with other refractive defects is present in quite a large number of cases, but in the young is often either completely masked or partially disguised by the strong act of accommodation which exists at this age. Even if known to exist, if of low degree, the exact axis and the knowledge of whether it is a + in one or a — in the opposite meridian can only be determined after a complete paralysis of the accommodation.

To obtain this effect temporarily, we are obliged to make use of a mydriatic. Such drugs can not be used in this State by opticians, unless they are legally qualified physicians because of existing medical laws.

The decrease in the power of accommodation in the aged and the danger to those at that period of life, resulting from drugs which paralyze this act, has led oculists to abstain from their use, and opticians can do almost, or quite as well in such cases as the ophthalmologist. For these reasons, I confine my remarks to those who would be included in the above title.

With opticians, the incentive to improvement of vision, is, that he might sell a pair of glasses. When once this object is secured, a further expenditure of time receives no additional recompense.

With oculists, perfect vision is the object they desire. Their compensation is a fee, which they charge for their work and should vary with the difficulties of the case. They have no glasses to sell. As the coats of the eye of young persons are



soft, an improper glass, if it be such as will increase the acts of accommodation and convergence, may be all that is needed to begin a myopic process, which once started, may progress to such a degree as to totally destroy vision, and opticians are not ignorant of the harm which may result.

*American Medicine* (Nov. 1, 1902), quotes the following from the *St. Louis Globe-Democrat*:

“THE DIFFERENCE BETWEEN AN OCULIST AND OPTICIAN.”

“The optician tests your eyes free, and ruins them for you. The oculist is a graduate of medicine, who has to take a special course, and several postgraduate courses, to become one. If you have trouble with your eyes, go to the oculist, and pay for the examination, then bring your prescription to the optician to be filled. I will save your money. I am the best frame fitter in St. Louis.”

This editorial comment follows:

“That optician deserves the encouragement of every physician. Both poisons and spectacle lenses should not be sold to the public except upon a physician's prescription. Whatever article of the materia medica may do physiologic good may also do as great or greater harm.”

In such cities as this, I can see no reason in persons going to opticians to have their eyes tested. If they are poor, the free clinics are for their benefit; if they have means, they can afford to go to an oculist and pay for a thorough test.

On December 8, 1900, in a report by Dr. Feingold of this city on the examination of the eyes of one hundred and forty school children, the doctor made incidental mention of the need of good light for schools. I refer to the report, in order to say, that if good light is necessary, so is a correct glass, if a patient is in need of one. Though resulting from different causes, the effect of study in insufficient light, and study, with a considerable refractive defect, whether natural or produced by improper glasses, is in both cases an indistinct image upon the retina. The securing of good light, if influenced at all by physicians, would require the united efforts of local medical men, but the wearing of correct glasses could be controlled to a very great extent by each family physician.

The report of the following cases may be of interest, and I hope will demonstrate some of the reasons for my protest:

CASE I.—Dec. 27, 1902, Miss M. G., white female, 22, stenographer, has worn glasses about three years, which were prescribed by an oculist, after a single instillation of a mydriatic. She complained of being unable to see well after using the eyes for some time. With glasses, which were R. & L.—O. 25. cyl. ax. 90 deg.,  $V=20/XX$ ; without glasses, R. & L. V. 20/XXX. Atropin instilled; Dec. 28, R. V. (a) 20/XL.—O. 25. cyl. ax. 90 deg.;  $V=20/XX$  part.; L. V. (a) 20/XL.—O. 25. cyl. ax. 90 deg.;  $V=20/XX$  part. Atropin again instilled; Dec. 29, R. V. (a) 20/XL part. + O. 62 cyl. ax. 180 deg.  $V=20/XX$ ; L. V. (a) 20/XL part.—O. 62 cyl. ax. 180 deg.  $V=20/XX$ . Atropin; Dec. 30, same result. Glasses ordered.

CASE II.—O. J., white male, aet. 27, complained that he can not see well out of the R. E. Has worn glasses some months, which were prescribed by an optician, who, after improving the vision of the L. E., told him he would give a glass for the R. E. to strengthen it.

The glasses were R. E.—1.00 D. S.; L. E.—2.75 cyl. ax. 180 deg. Vision with glasses was R. E. 16/C C, L. E. 20/XXX part; vision without glasses was R. E. 16/C C, L. E. 20/LXX.

Feb. 12. Atropin instilled in R. E. for examination; Feb. 13, could detect no lesion with ophthalmoscope, so resorted to test glasses. R. V. (a) 16/C C—4.25 cyl. ax. 25 deg.;  $V=20/XXX$  part. Atropin again instilled. Feb. 14, same result.

March 2. Atropin in L. E. for refraction; March 3, L. V. (a) 20/C—2.75 cyl. ax. 10 deg. —  $\odot$  + 0.75 D. S.,  $V=20/XX$  part. Atropin. March 4, L. V. (a) 20/C.—2.75 cyl. ax. 5 deg. —  $\odot$  + 0.75 D. S.,  $V=20/XX$ . Atropin. March 5, same result. March 18, L. V. 20/LXX—2.75 cyl. ax. 5 deg. —  $\odot$  + 0.50 D. S.,  $V=20/XX$  ordered.

CASE III.—Feb. 7, 1903. A. A., white male, aet. 15. Complains of headache. Has been wearing R. E. — 1.00 D. S., L. E. — 1.00 D. S., which were prescribed by an optician. Vision without glasses was, R. E. 20/XXX, L. E. 20/L. Vision with glasses not taken.

Feb. 16. Atropin for refraction. Feb. 17, R. V. (a) 20/LXX—1.50, D. S.— $V=20/XX$  part; L. V. (a) 20/LXX+1.50 D. S.— $V=20/XX$  part; atropin again instilled. Feb. 18, R. V. (a) 20/LXX+1.50 + 0.50 cyl. ax. 90 deg.;  $V=20/XX$ ,

L. V. (a) 20 /LXX+1.50 D. S.  $\subset$  +0.50 cyl. ax. 90 deg.;  
V.=20 /XX. Atropin. Feb. 19, same result.

Case I, although previously refracted by an oculist, is reported to show the absolute need of a suspension of the accommodation. The patient had been refracted several years ago by an oculist, who, ordered glasses after a single instillation of a mydriatic. After using atropine once, I was of the opinion that the previous refraction was correct, but as the patient was so confident that her glasses did not suit, I used atropin again, and the following day found a plus error in the opposite meridian, which finding was sustained by the test the next day, and glasses ordered. They have proven satisfactory.

I can explain this only by stating that at the first instillation of atropin the accommodation must have been only partially paralyzed, and the - cyl. in the vertical meridian almost corrected the astigmatism, but left the patient far-sighted.

This later error could be partly overcome by a small amount of accommodation, which may have been retained after the one instillation of the mydriatic. A mistake could easily occur in this way.

Case II is of interest not so much because the optician was slightly wrong in the axis of his cylinder, and that he failed to find the plus error, but is more worthy of notice, for the reason, that after he had improved the L. E. sufficiently to sell a pair of glasses, he made no effort to correct the R. E., in which the vision was 16 /C C, but simply placed a - 1.00 spherical glass in front of it to balance the frame.

A view of the fundus of an eye, by means of the ophthalmoscope, will show the cause for defective vision in nearly all cases of supposed refraction, in which the results of efforts at correction are unsatisfactory, and I insist that a patient, with an eye in which the vision is much lowered, and can not be improved by test lenses, should not be discharged with or without glasses before finding a sane cause for the failure.

Case III hardly needs a remark. The fact that glasses of 1.00 Diop. Spher. were placed in front of eyes with plus errors of such a degree as to reduce the vision in the R. E. and L. E. to 20 /XXX and 20 /L respectively, is sufficient evidence that the optician only desired to make a sale, and having an innocent patient, no care was taken of him.



Trusting that this paper may have been of some interest, I thank you for your patient indulgence.

No discussion.

DR. PAUL A. MCILHENNY read a paper on

### **The Deadly Toy Pistol and Its Relationship to Tetanus.**

In all sections of this great country, after every public and Christian festivity, we find the result of the pleasure derived from the so-called blank toy pistol.

This toy is a short, bulky pistol made of cast iron, with a very heavy barrel about two inches long, the whole pistol being about four inches in length. The barrel moves on a hinge, and is held in place by a small spring which invariably breaks a short time after being used. The pistol is of 22-calibre, and can be bought for ten cents. The cartridges are the size of a 22 short, and can be purchased at a cost of five cents per two dozen. They are loaded with about as much powder as is contained in the 22 short and have a very heavy piece of wadding over the powder, which is held in place by a kind of cement or glue.

The destructive effect of this toy in the hands of children is something beyond comprehension, and yet it will be found in the hands of nearly every male child of the laboring class, who seem to be the only ones who suffer, and who can least afford to have their hands maimed.

After every public celebration, after every Christian festivity, we find an endless number of the poorer children maimed, and in many instances crippled for life, from being wounded by this so-called toy. It invariably throws a funereal pall over all communities at those times by its killing and crippling effect, and for this reason it should be condemned and some action taken to prevent its sale and use as an instrument of diversion and amusement. It should also be condemned because it cultivates in children the desire to carry fire-arms and concealed weapons and makes them familiar with pistols and revolvers. This taste and familiarity increases, and finally is fully developed in the adult, which in itself is an evidence of the low organization and uncivilized condition of society. When such conditions exist in our largest cities, in the midst of our most civilized communities, how can we wonder that they exist and

flourish to a remarkable extent in the remote districts of this great country.

The twenty-two cases which I was able to follow in the boys' Clinic of the Charity Hospital are only a very small part of the number which was the result of the Christmas celebration. How large that number was is unknown, as these few were charity cases, and no record was kept of those treated by physicians and druggists in the city. The cases reported can only illustrate the wide-spread use of the toy pistol. At such a time, when all classes should be rejoicing, we find great numbers of parents mourning over the death of, or anxious as to the result of an injury to, a child, caused by this moral and physical Herod of American children.

A short synopsis of facts which can be gathered from these cases is as follows:

1. *Mode of Injury.*—In nearly every case the child was holding the pistol in the left hand, either trying to load or unload it, when the hammer slipped and the pistol was discharged, inflicting the wound.

2. *Location of Wound.*—In all the cases the wound was in the left hand, and the index finger, with few exceptions, was the member, the base of the proximal phalanx being the most frequent site of injury.

3. *Average Age.*—The average age of the patients was ten and a half years; the maximum age being fourteen years and the minimum age being seven years.

4. *Number of Simple and Complicated.*—Out of the twenty-two cases eleven were complicated, being infected when examined or infection having set in early. Eleven progressed favorably without any complications; fifty per cent. developed septic complications; eleven percent. developed tetanus with a fatal result.

5. *Treatment.*—The treatment applied in the clinic was thoroughly aseptic. As soon as the case was seen a thorough search was made for foreign bodies. Particles of wadding, grains of powder and dirt, these were removed and the wound washed out with peroxide, drained and dressed with a wet bi-chloride dressing, and a splint applied. This treatment was applied every other day until all signs of infection had disappeared and the wound was thoroughly healed. In all cases of injury from blank cartridge pistols the patient should be anesthetized, and

a search made for foreign bodies. The class of patients who use these toys almost invariably have their hands smeared with street manure or other filth which constantly contains the tetanus bacillus; therefore, we can not be too careful or energetic in our search for any foreign particles which may have been forced into the wound. By so doing we greatly increase the chances of recovery for our patient, and in the same proportion lessen the chances for an unfavorable result of our treatment. If there is any chance of tetanus developing we may be warned by the condition of the wound before the symptoms of tetanus develop. In such cases I believe we should use the antitoxin as a prophylaxis, and not wait for the symptoms of tetanus to present themselves before resorting to this treatment. It can do no harm, and may in many cases abort a fatal result.

Mellers states that the conditions under which an individual may be saved by means of antitoxin are very rarely met with. Often the great amount of poison absorbed by the system can not be neutralized by the use of the antitoxin at all, while in other cases so long a time has elapsed between the first symptoms of tetanus and the injection that the originally mild condition can no longer be combated. In all such cases the serum therapy is of no use whatsoever, since the change brought about by the toxin in the ganglion cells in the motor centers can no longer be altered. The only hopeful method of treatment with the antitoxin consists in the *early* administration; in other words, as a prophylaxis immediately after the injury. Arnat also believes in the prophylactic measure, and advocates the introcerebral injection as soon as a diagnosis has been made. Vallas is also a strong believer in its use, but condemns the introcerebral injection as being dangerous. He rather prefers the subcutaneous, and then the intravenous method. Other observers who have written extensively on the subject, also condemn the introcerebral method, so now it has practically fallen into disuse.

CASE 1.—J. G. Age eleven years. Injured Dec. 20, discharged Dec. 30, cured.

CASE 2.—D. G. Age nine years. Injured Dec. 24, discharged Jan. 5, cured.

CASE 3.—M. F. Age eight years. Injured Dec. 24, discharged Jan. 9, cured.



CASE 4.—V. H. Age 7 years. Injured Dec. 24, discharged Jan. 1, cured.

CASE 5.—H. K. Age 10 years. Injured Dec. 25. Wound infected, temperature, discharged Jan. 12, cured.

CASE 6.—L. F. Age 10 years. Injured Dec. 25; slight infection and temperature; discharged Jan. 14, cured.

CASE 7.—W. R. Age 9 years. Injured Dec. 25, discharged Dec. 31, cured.

CASE 8.—J. S. Age 10 years. Injured Dec. 25, deserted Jan. 6, condition improved.

CASE 9.—J. S. Age 10 years. Injured Dec. 26. Temperature and infection. Tenosynovitis. Last seen Jan. 21. Condition improved.

CASE 10.—H. J. Age 9 years. Injured Dec. 25. Discharged Jan. 3, cured.

CASE 11.—R. C. Age 9 years. Injured Dec. 25. Tenosynovitis. Last seen on Jan. 21. Marked improvement.

CASE 12.—E. M. Age 8 years. Injured Dec. 28. Discharged Jan. 2, cured.

CASE 13.—V. M. Age 7 years. Injured Dec. 30. Infected. Discharged Jan. 12, cured.

CASE 14.—J. M. Age 14. Injured Jan. 1. Deserted Jan. 5. Result unknown.

CASE 15.—W. N. Age 12. Injured Jan. 2, case last seen Jan. 21, improved.

CASE 16.—T. M. Age 9 years. Injured Dec. 31, discharged Jan. 7, cured.

CASE 17.—A. C. Age 8 years. Injured Jan. 2, last seen Jan. 21, condition improved.

CASE 18.—J. M. Age 9 years. Injured Jan. 3, wound infected, deserted Jan. 20, improved.

CASE 19.—T. M. Age 7 years. Injured Jan. 6, wound infected. Last seen Jan. 17, result unknown.

CASE 20.—J. B. Age 11 years. Injured Dec. 18. Discharged. Returned Jan. 7. Wound infected. Discharged Jan. 19, cured.

CASE 21.—TETANUS—J. G. L. Age 10 years. Was injured Dec. 25, 1902. The wound was not treated until the morning of the ninth day when tetanus developed. The child was yet

in bed when mother noticed first convulsion. It was slight and she paid no attention to it. The second convulsion occurred in the afternoon when the father noticed it and called in a physician. When first seen trismus was pronounced. The wound was a slough about as large as a five cent piece. Chloroform was administered, and the wound curetted and cauterized with pure carbolic acid and then packed with bi-chloride gauze. 30 c. c. of anti-tetanic serum were injected, and 1-16 gr. of morphin administered by mouth every three hours. Temperature  $99\frac{1}{2}$ , pulse 110. On following day trismus more pronounced; no convulsions though patient was more nervous than on previous day. Interval of morphin was lessened to every two hours. 10 c. c. of anti-tetanic serum were injected. No urine voided; patient catheterized but quantity was very small. Pulse 112, temperature 100.

Third day, dose of morphin increased to 1-8 gr. every three hours; 10 c. c. serum injected; necessary to catheterize every eight hours; enema to move bowels given with negative result; pulse and temperature continuing to rise. Pulse 120, temperature  $101\frac{1}{2}$ . Patient nourishing freely, milk and grape juice (this given as a diuretic).

Fourth day. Still no convulsion, wound clean and healthy, granulations at bottom. Morphin 1-8 gr. every three hours; patient catheterized, quantity markedly increased. Enema repeated with good result. 10 c. c. serum given. Pulse 122, temperature 102. Severe convulsions; marked opisthotonos lasting nearly ten minutes. Morphin 1-8 gr. given every  $1\frac{1}{2}$  hours. Pulse very rapid, 130; temperature 103. Convulsions occurred every two hours. Deglutition very difficult; morphin administered by hypodermic. Catheterized, small quantity of urine. Bowels moved by enema. Morning of the fifth day. Convulsions not frequent, one every three or four hours. Pulse fast and irregular; respirations rapid and labored. Nourishing per rectum begun. Morphin gr. 1-4 every  $2\frac{1}{2}$  hours by hypodermic. Temperature 105, pulse rapid and feeble. About 7 A. M. convulsions began to become more frequent. Morphin  $\frac{1}{2}$  gr. given every three hours. Temperature 105, pulse barely perceptible. Morphin ineffectual; convulsions very severe, controlled by inhalations of chloroform administered by trained nurse. Pulse continued to weaken until 12 M., when a severe

convulsion occurred and patient succumbed. Temperature continued to rise after death.

CASE 22.—TETANUS.—H. J. S., age 9 years, was injured January 1, 1903. Was treated in amphitheatre and wound cleansed, irrigated with peroxide and dressed with a wet bichloride dressing. Was twice treated in clinic; condition of wound appeared satisfactory. On January 8, seven days after injury, patient complained of pains in neck; these increased in severity, extending to jaws, which began to stiffen. The mother became alarmed brought the patient to the hospital that night about 8:30. Symptoms were so marked that a diagnosis of tetanus was made immediately. Patient was chloroformed and wound was opened freely on palmar and dorsal surface of hand; cleansed and dressed; 10 c.c. of anti-tetanic serum were injected into loin. At 10 P. M., potassium bromide, gr. xx, chloral vii, were given by enema. This was repeated at 3 A.M.; nurse noticed marked muscular twitchings when patient came out of anesthesia. At 6 A. M., temperature was  $101\frac{2}{5}$ , bromide and chloral were repeated every three hours by enema up to 3 P. M., when it was administered with difficulty by mouth. At 2 P. M., 20 c.c. anti-tetanic serum were injected, and repeated at 6:50 P. M., making a total of 50 c.c. of serum. There were marked convulsions, with opisthotonos whenever patient was disturbed in the slightest way during the day; slept at intervals lasting about half an hour, temperature  $101\frac{3}{5}$ , pulse 120; voided urine; nourished per rectum with beef tea and peptonized milk. During the night he began to fail rapidly, temperature rose to 104, pulse 140. At midnight convulsions were very frequent, and morphin gr.  $\frac{1}{8}$  was given by hypodermic. At 3:30 A. M. radial pulse could no longer be felt; muscles were becoming more fixed in tonic contractions. Morphine gr.  $\frac{1}{8}$  was repeated with little effect; bromide and chloral were given with a negative result; about 5 A. M. respiration became more labored, body appeared completely cyanosed. Death occurred during a convulsion at 7 A. M., January 10. Temperature rose after death to  $109\frac{2}{5}$ .

What prompted the writing of this report was seeing a long string of children one morning come into Dr. Matas' clinic, at the Charity Hospital. They all had their hands bound up and in slings, and had been injured with their blank toy pistols.



This led to an investigation which resulted in my following the mentioned cases in the boys' clinic.

#### DISCUSSION.

DR. LEBEUF said that he had seen some of the cases referred to in Dr. McIlhenny's paper in his surgical clinic at the hospital. The general plan following the treatment of these cases had been a free incision, a thorough cleansing, in the employment of peroxide of hydrogen, then a wet bichloride of mercury dressing applied and continued.

DR. PERKINS agreed with Dr. McIlhenny as to the importance of the subject. It was just as much the duty of the physician to protest against such public dangers as the toy pistol, as against any other menace to life and health. He briefly mentioned three cases as follows: (1) (From hearsay). A boy was reported to have died from lockjaw from toy pistol wound. About one month ago this case was reported by a patient. (2) Case seen in consultation with Dr. Knolle, who had previously removed wadding and debris from palm of hand. Wound had healed. Some days afterwards a fall on the hand had given rise to hemorrhage in deep tissues of palm. Hematoma size of pigeon egg. Incision followed by profuse hemorrhages at every dressing. General anesthetic, prolonged incision, and firm packing finally controlled hemorrhage. Suppuration. Pure carbolic acid and alcohol. Results satisfactory. (3) Case referred by a brother practitioner. Toy pistol wound of left palm, less than 24 hours old. General anesthetic, thorough cleansing, disinfection with pure carbolic acid, followed alcohol and rigidly aseptically dressing. Very slight superficial necrosis of wound surface with satisfactorily rapid healing. Although tendon sheath was exposed and touched with carbolic acid, no interference with finger movements resulted.

The carbolic acid disinfectant was thoroughly satisfactory in cases 2 and 3, as it had been in many other cases of infected wound. In both these cases iodine (undiluted tincture) had been freely used in the dressings. It was generally applied after drying the wound, just before packing with plain sterile gauze.

DR. DABNEY stated that the toy pistol had long been recognized as a dangerous instrument when in the hands of children.

He recalled an instance of 20 years ago in which the death of six children in his neighborhood had occurred, their death being entirely due to the toy pistol and its complications. The tetanus germ being a garden-mould germ was liable to be on the hands of most children, their conditions being more frequently dirty than clean, so that when the cuticle was broken, the tetanus germ easily gained entrance into the constitution. Carbolic acid injections, as practiced by Bacelli, was believed by the doctor to be the most efficient form of constitutional treatment. In Dr. Bacelli's recent report from eighty to ninety per cent. were reported cured by this method of treatment. The anti-tetanic serum was not to be relied upon, but the free use of carbolic acid in the wound, even if no alcohol be applied, was the most reliable local form of treatment. It was the doctor's practice to guard his families against the dangers of the toy pistol in the hands of their children. Though not positive, he thought that there was a law in New Orleans against merchants selling these toy pistols to children. The mad dog and small pox were, in the doctor's mind, to be placed in the same category as the toy pistol.

DR. PARHAM thought that Dr. McIlhenny had brought before the Society a most important subject for discussion. He was especially interested in the paper by reason of a recent sad experience of tetanus which ended fatally in spite of all that could be done. No stone should be left unturned to prevent the reckless and promiscuous use of this dangerous toy, as bacteriological investigations had shown the cartridge sometimes harbored the bacillus of tetanus. He believed that the antitetanic serum was mainly of use as a prophylactic measure. The gravity of tetanus is in indirect ratio to its period of incubation. The tetanus bacillus has been found on the cartridges of the toy pistol, and in the treatment of the wound inflicted by this apparently innocent toy extreme care should be taken toward thorough cleansing and disinfection of the damaged tissue. Every wound inflicted by a toy pistol should be regarded as one capable of giving rise to tetanus. Dr. Perkins' suggestion of using pure carbolic acid in these wounds, he thought a very valuable means of guarding against the development of tetanus. Under chloroform, if necessary, the wound should be thoroughly opened and cleansed, then pure carbolic acid should be used,

followed by alcohol. Should tetanus develop, there was great doubt as to the best course to pursue. Though antitetanic serum had not borne hopeful results, still, when remembering the case reported by Mixter of a boy in which 3900 c. c. had had been injected intravenously in from 200 to 500 c. c. at a time, ending in gradual recovery, one must be guarded in saying it was of no efficiency. He had come to feel that little is to be expected from the use of this serum in the small doses at present employed. We should rather employ it in large doses, say 200 c. c. intravenously. It was his intention to employ the serum in these massive doses in his next case of tetanus. To show how misleading statistics might be, he mentioned the statistics published by Moskowitz in the *Annals of Surgery*, where it appeared that a larger mortality attended the intracerebral use of the serum than when used subcutaneously. However used, it should be employed early, before chemical combination of the toxin with the nerve tissue had been formed. Dr. Bloom had told him that a remarkable difference had been noted in the percentage of recoveries of cases of tetanus at the Hospital, when two different sets of antitetanic serum had been employed at different times, independently of the other. Dr. Parham thought that this was an accidental occurrence and that little inference could justly be drawn from this observation. Bacelli's results were better in his hands than they had been in any part of the world. It was difficult to understand how the subcutaneous injection of a small quantity of three per cent. solution of carbolic acid could be expected to accomplish much good. He had no knowledge of the intravenous use of carbolic acid as mentioned by Dr. Dabney.

DR. MCILHENNY, in closing this discussion, said that, as Dr. LeBeuf had stated, he had used bichloride of mercury dressings and had found them just as efficient as that of carbolic acid. It was through Drs. LeBeuf and Barnett that he had been able to follow many of the cases reported in his paper.



## American Medical Association Notes.

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NEXT MEETING IN NEW ORLEANS, MAY 5, 6, 7 AND 8, 1903.

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GENERAL OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION, 1902-1903.

President, Frank Billings, Illinois; First Vice President, J. A. Witherspoon, Tennessee; Second Vice President, G. F. Comstock, New York; Third Vice President, C. R. Holmes, Ohio; Fourth Vice President, James H. Dunn, Minnesota; Secretary-Editor, George H. Simmons, Illinois; Treasurer, Henry P. Newman, Illinois; Chairman Committee of Arrangements, Isadore Dyer, 124 Baronne Street, New Orleans, La.

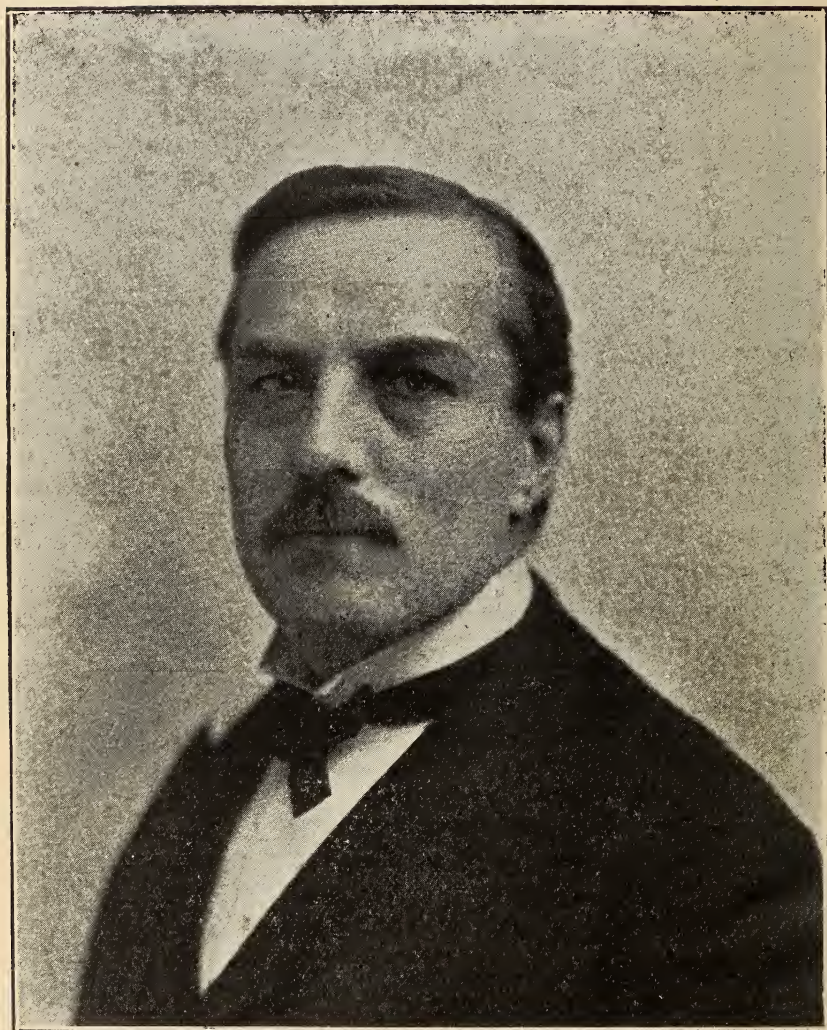
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THE BUREAU OF INFORMATION, TO BE LOCATED ON THE GROUND FLOOR of the Artillery Hall, entrance on St. Charles street, announces the following:

Members of the committee will meet all incoming trains May 4 and 5. Placards will be in evidence in each station indicating where these gentlemen will be found.

The bureau will have every facility for supplying all kinds of information; this means male and female clerks; index lists of all visiting physicians and their ladies; railroad schedules; excursion information; telegraph, telephone, stenographer and typewriter; messenger service, guide books, newspapers, cigars, etc.

THE COMMITTEE HAS COMPLETED ALL PLANS for the meeting and urge all members not located to inquire at the Bureau of Information for rooms. Members of the profession are advised that badges will be furnished only to those who register as members of the A. M. A. While the several sections are open to the profession the discussions are confined to members. Participation in the several entertainments is restricted as well to the members of the Association and to invited guests.



DR. FRANK BILLINGS,  
Of Chicago,  
PRESIDENT AMERICAN MEDICAL ASSOCIATION, 1902-1903.

MEMBERS, WITH LADIES, WHO HAVE NOT ALREADY NOTIFIED THE COMMITTEE, are requested to leave word at the Bureau of Information as to the number and names of ladies in their party.

THE LADIES' COMMITTEE ANNOUNCES A TROLLEY RIDE for the visiting ladies, to start at 11 o'clock on Wednesday, May 6. All to report at 10:30, at the Palm Garden of the St. Charles Hotel.

On Thursday, May 7, at 9:30 at the Palm Garden, a ladies' committee will meet and escort visiting ladies who desire to see the old French quarter of New Orleans.

THE BOARD OF CONTROL OF THE LEPER HOME has invited all members of the Association who may desire to visit this institution. The trip is arranged for Saturday, May 9, and it will take the entire day to make the trip. All desiring to go will leave word at the Bureau of Information. The expense will be nominal but the exact cost will be furnished on application at the Bureau.

THE HOWARD LIBRARY, at Lee Circle, through Mr. Wm. Beer, the librarian, invites members of the Association to see some of the special works on Medical and Hygienic subjects.

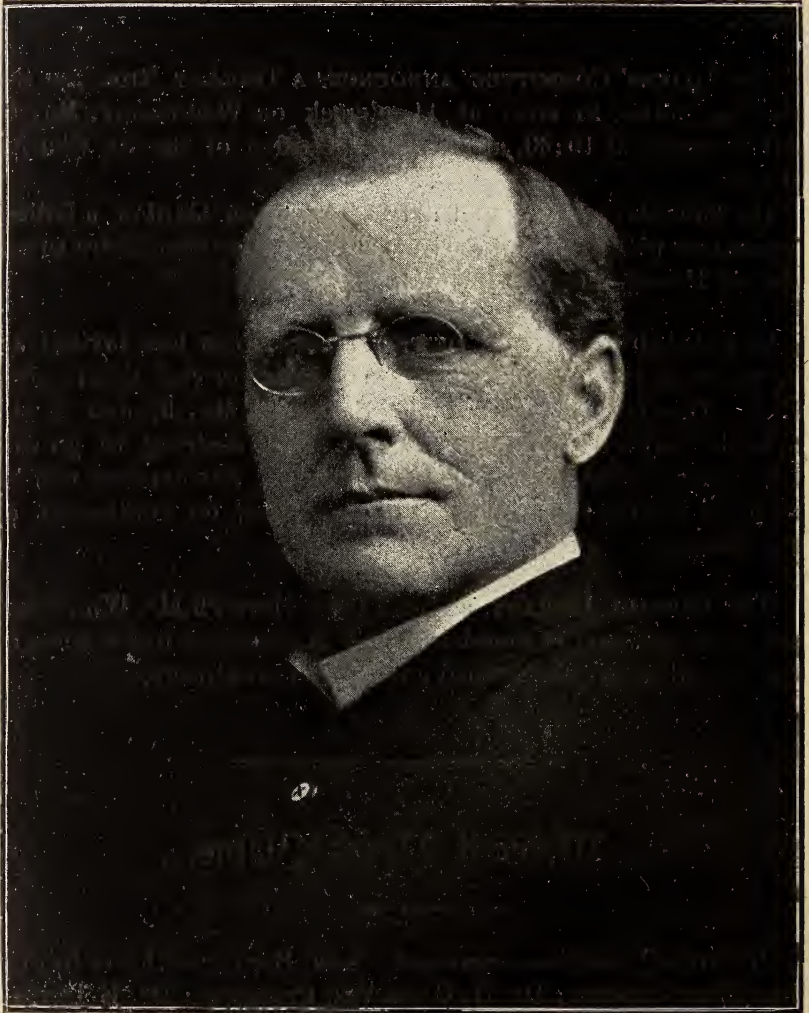
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## Medical News Items.

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DESOTO PARISH has organized a local Society with the following officers elected: Dr. H. C. Stokes, President; Dr. E. Davies, Vice President; Dr. J. C. Calhoun, Secretary; Dr. E. I. Persinger, Treasurer; Delegate, Dr. E. Davies; Alternate, Dr. E. I. Persinger. A constitution and by-laws were adopted. The Secretary was instructed to make report to the State Society through its Secretary, Dr. Wm. M. Perkins. There were ten in attendance and others are expected to join at the next meeting, the second Monday in June.





DR GEORGE H. SIMMONS,  
Of Chicago,

SECRETARY OF THE AMERICAN MEDICAL ASSOCIATION AND EDITOR OF  
THE JOURNAL OF THE ASSOCIATION.

THE AMERICAN PROCTOLOGIC SOCIETY will hold its fifth annual meeting at the St. Charles Hotel, New Orleans, La., May 5 and 6. The program includes a meeting of the Executive Council at 1:30 P. M., May 5, followed by sessions at 2 o'clock, and again on Wednesday.

THE AMERICAN UROLOGICAL ASSOCIATION will hold its second annual meeting at the New Orleans Polyclinic, May 8 and 9, 1903. An interesting program has been announced.

THE MEDICAL CORPS OF THE NAVY is to be increased by 150, 25 of which are to be appointed each year for six years.

THE NEW ORLEANS COLLEGE OF PHARMACY will hold its annual commencement exercises at the Atheneum, Wednesday May 13, at 8 P. M. Hon. J. Y. Sanders will deliver the annual address.

THE CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS will hold its sixth triennial session May 12, 13 and 14, 1903, at Washington, D. C. One and one-third railroad fare has been secured, to be purchased May 8-13 and good until May 16 returning.

THE AMERICAN ACADEMY OF MEDICINE is to hold its twenty-eighth annual meeting at the Arlington Hotel, Washington, D. C., May 11, 12, 1903.

THE NATIONAL CONFERENCE OF STATE MEDICAL EXAMINING AND LICENSING BOARDS will hold its thirteenth annual meeting in the common Council Chamber, City Hall, New Orleans, La., May 4, 1903.

The morning session will begin at 9:30; the afternoon session at 2:30.

Members and ex-members of State Medical Examining Boards, physicians and educators who are interested in the cause of higher medical education are cordially invited to attend. The program follows:

MORNING SESSION.—I. Invocation—Rev. Dr. Daniel P. Lawton, S. J.

II. Address of welcome—Hon. Paul Capdevielle, Mayor of New Orleans.

III. Address of welcome on behalf of the medical profession of New Orleans—Charles Chassaignac.

IV. Address of welcome on behalf of the medical department of Tulane University—Rudolph Matas.

V. Address of welcome on behalf of the State Board of Medical Examiners of Louisiana—A. F. Barrow, St. Francisville.

- VI. Response by Vice President, Henry Beates, Jr.
  - VII. Report of the Secretary-Treasurer.
  - VIII. Annual Address by the President: Remarks upon medical instruction—a plea for greater uniformity.
  - IX. Paper—Subject to be announced—W. F. Morrow, Kansas City, Mo.
- AFTERNOON SESSION.—I. Report of the Committee on the Definition of the Practice of Medicine.
- II. Discussion thereon.
  - III. Report of the Committee on Curriculum.
  - IV. Discussion thereon.
  - V. The results of the medical law of Louisiana—F. A. Larue.
  - VI. What the medical practice act has accomplished in Ohio—S. B. McGavran, Cadiz.
  - VII. The relation of examining boards to the medical profession—E. L. McGehee, New Orleans.
  - VIII. Miscellaneous business.
  - IX. Report of the Executive Council.
  - X. Election of Officers.
  - XI. Adjournment.

THE AMERICAN JOURNAL OF DERMATOLOGY announces a symposium on Modern Prostatic Investigation for the May number.

THE AMERICAN CONGRESS ON TUBERCULOSIS for prevention of consumption announces the next meeting for St. Louis, Mo., U. S. A., July 18-23, 1904. The work of organization is being pushed as rapidly as possible. To facilitate this the congress has been granted a charter, thus making it a legal body and by this means greatly facilitating the work of reorganization on the lines mapped out at the last meeting, when it was decided that a radical reorganization should be completed by the officers elected. For the purpose of completing the organization of the International, or World's Congress on Tuberculosis, on strictly ethical lines, a number of prominent physicians have been asked to serve on an Advisory Committee to assist the council in perfecting plans for the meeting. All have accepted and a large number will be added to the list.

THE MEDICAL COLLEGE OF ALABAMA at its commencement of April 3 graduated 12 in medicine and 5 in pharmacy.

THE MOBILE ALABAMA MEDICAL SOCIETY elected Dr. C. Owen president at its meeting April 18.

THE MISSISSIPPI STATE MEDICAL SOCIETY met at Vicksburg April 15 to 17. This meeting was to take place at Greenville,



but on account of high water there Vicksburg was selected. The following officers were elected: President, Dr. C. D. Mitchell; secretary, Dr. J. J. Haralson; treasurer, Dr. J. F. Hunter. Jackson was selected for the next meeting.

MESSRS. W. B. SAUNDERS & Co. announce a number of new books and new editions, among which we notice the following:

"The Vermiform Appendix and its Diseases," and "Myomata of the Uterus," by Howard A. Kelly, M. D.; "A Text-Book of Legal Medicine and Toxicology," edited by Frederick Peterson, M. D.; "A Text-Book of Operative Surgery," by Warren Stone Bickham, M. D.; "The Practical Application of the Röntgen Rays in Therapeutics and Diagnosis," by William Allen Pusey, M. D.; "A Text-Book of Pathology," by Joseph McFarland, M. D.; "A Thesaurus of Medical Words and Phrases," by Wilfred M. Barton, M. D., and Walter A. Wells, M. D.

THE LOUISIANA AND TEXAS STATE BOARDS OF HEALTH have adopted uniform regulations governing disinfection at Havana and other Cuban ports. At a recent Galveston meeting the following resolutions were passed:

"The Galveston regulations governing disinfection at Havana and other Cuban ports are hereby reconsidered and rescinded and the following substituted:

"Pyrethrum powder shall be burned in the living quarters at Havana immediately before the departure of the vessel.

"Baggage of passengers shall be sealed and signed in Havana by joint medical inspector, and each passenger to have a certificate signed by the inspector.

"Certificate to show temperature at time of inspection, hour to be noted.

"Thorough disinfection of living quarters, baggage (and holds when no perishable cargo) upon arrival at Quarantine Station.

"Noninfected vessels from Cuban ports other than Havana (so long as reported free of yellow fever) shall be given pratique after thorough disinfection at Quarantine Station."

On and after May 1 owners of baggage from Florida ports and from Jacksonville, Fla., coming to Louisiana shall have to satisfy the inspector of the Louisiana State Board of Health that they do not come from Cuba or their baggage shall be held at the Louisiana line or stations for inspections and disinfections.

The State Board of Health is taking every precaution against the introduction of disease from the tropics, and will see that the regulations are enforced.

THE MEDICAL DEPARTMENT OF TULANE UNIVERSITY of Louisiana held its annual commencement April 29, graduating 82 in the Medical Department and 9 in the Department of Pharmacy.

THE CHARITY HOSPITAL BOARD OF ADMINISTRATORS met April 6 and transacted important business. Resolutions were offered regulating that two of the medical officers shall always be present at the hospital; that they shall not engage in outside practice except where this does not conflict with hospital duty; that they shall not absent themselves from the city unless authorized by the Board or the chairman. The first was not adopted. The resident students and externes were formally appointed, and the visiting staff of physicians and surgeons in general and special departments were reappointed.

THE EYE, EAR, NOSE AND THROAT HOSPITAL TRUSTEES held their annual meeting April 22. The general business of the Hospital relating to donations, expenses and the purchase of the Curtis property was gone into. The report of Dr. A. W. de Roaldes, the Surgeon in Chief, showed that 5285 patients had been treated during the year, divided as follows: Eye, 2489; ear and throat, 2648; dermatologic, 72; dental, 76.

After the meeting the members and invited guests adjourned to the library, where, after a pretty ceremony, the portraits of two of the oldest trustees, Messrs. W. R. Stauffer and Joseph E. Hincks, were hung amid toasts and speeches by a number of those present.

THE LOUISIANA STATE MEDICAL SOCIETY ELECTED THE FOLLOWING OFFICERS, April 29, at the New Orleans meeting: President, J. M. Barrier, Delhi; First Vice President, J. F. Buquoi, Pointe-a-la-Hache; Second Vice President, John Callan, New Orleans; Third Vice President, F. R. Tolson, Lafayette; Fourth Vice President, N. K. Vance, Shreveport; Fifth Vice President, S. L. Williams, Oakridge; Sixth Vice President, C. M. Sitman, Greensburg; Seventh Vice President, Arthur Gardner, Bristol P. O.; Recording Secretary, William M. Perkins, New Orleans; Corresponding Secretary, A. G. Friedrichs, New Orleans; Treasurer, H. S. Cocram, New Orleans; Delegate to A. M. A., R. Matas, New Orleans; Alternate to A. M. A., L. G. LeBeuf, New Orleans; Additional Delegate to A. M. A., W. G. Owen, Whitecastle; place of meeting, Lafayette, first Tuesday after first Monday in May, 1904.

## Book Reviews and Notices.

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*All new publications sent to the JOURNAL will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the JOURNAL to review as many of the works received as possible, the editors will be guided by the space available and the merit of the respective publications. The acceptance of a book implies no obligation to review.*

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*The Practical Medicine Series of Year-Books.* Vol. II, General Surgery, November, 1902. The Year-Book Publishers. Chicago.

This volume, edited by Dr. John B. Murphy, is an excellent digest of the surgical literature of the year prepared especially for the general practitioner. The abstracts are more comprehensive than usual in this character of work intended to save the practitioner the necessity of consulting the original articles. While many articles, therefore, are, perhaps, omitted, the effort to cover the practical subjects of the year has been in our opinion quite successful.

PARHAM.

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*The American Year-Book of Medicine and Surgery for 1903.* Under the editorial charge of GEORGE M. GOULD, A. M., M. D. In two volumes. W. B. Saunders & Co., Philadelphia, New York, London, 1903.

The surgical volume maintains the standard of excellence of the previous years. Indeed, we believe there is improvement in some respects. This volume for 1903 takes up the current literature where that the previous left off and brings up the review to the latter part of 1902. Not only are the abstracts well done, but the comments of the editors are eminently judicious and practical and form an especially attractive feature of the book.

PARHAM.

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*Diseases of the Pancreas and Their Surgical Treatment.* By A. W. MAYO ROBSON, F. R. C. S., B. G. A. MOYNIHAN, M. S. (Lond.), F. R. C. S. W. B. Saunders & Co., Philadelphia and London, 1902.

This work, written by two well-known authorities on the subject, deals with the surgical aspect of the diseases of the pancreas. It endeavors to record and review the work of the past and to indicate the trends of future research. It deserves to be studied by all who desire a more intimate knowledge of this difficult subject.

PARHAM.

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*Heath's Practical Anatomy, a Manual of Dissections.* Ninth edition, with 321 illustrations. Edited by J. ERNEST LANE, F. R. C. S. P. Blakiston's Son & Co., Philadelphia, 1902.

The attempt made in this work "to provide the student with an accurate and not too elaborate guide for use in the dissecting room," has been well accomplished, and the book can be cordially recommended as a reliable and convenient handbook for practical use in dissecting.

PARHAM.



## MORTUARY REPORT OF NEW ORLEANS.

(Computed from the Monthly Report of the Board of Health of the City of New Orleans.)  
FOR MARCH, 1903.

CAUSE.	White.	Colored.	Total.
Pyemia.....	2	2	4
Syphilis.....	3	...	3
Anemia.....	2	1	3
Paralysis.....	5	...	5
Epilepsy.....	2	1	3
Fever, Malarial Intermittent.....	3	1	4
“ Typhoid or Enteric.....	4	2	6
“ Puerperal Diseases.....	4	2	6
Bronchitis.....	4	5	9
Diphtheria and Croup.....	...	1	1
Influenza.....	22	12	34
Convulsions, Infantile.....	4	...	4
Whooping Cough.....	1	...	1
Pneumonia.....	25	23	48
Cancer.....	15	6	21
Tuberculosis.....	38	49	87
Diarrhea (Enteritis).....	10	4	14
Dysentery.....	3	...	3
Pleurisy.....	3	1	4
Hernia.....	4	3	7
Hepatic Cirrhosis.....	5	1	6
Peritonitis.....	4	...	4
Gangrene.....	1	2	3
Debility, Senile.....	20	10	30
“ Infantile.....	6	3	9
Bright's Disease (Nephritis).....	35	20	55
Cong. Malformations.....	5	...	5
Heart, Diseases of.....	38	18	56
Apoplexy and Congestion of Brain.....	9	5	14
Softening of Brain.....	3	...	3
Meningitis.....	2	1	3
Tetanus, Idiopathic.....	...	...	...
“ Traumatic.....	...	...	...
Trismus Nascentium.....	2	9	11
Injuries.....	17	9	26
Suicide.....	6	...	6
All Other Causes.....	39	23	62
TOTAL.....	346	214	560

Still-born Children—White, 23; colored, 15; total, 38.

Population of City (estimated)—White, 227,000; colored, 83,000; total, 310,000.

Death Rate per 1000 per annum for Month—White, 18.29; colored, 30.94; total, 21.67.

## METEOROLOGIC SUMMARY.

(U. S. Weather Bureau.)

Mean atmospheric pressure..... 30.06  
Mean temperature..... 64.  
Total precipitation..... 14.61 inches.  
Prevailing direction of wind, northeast.

# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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VOL. LV.

JUNE, 1903.

No. 12.

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## Original Articles.

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[No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. A complimentary edition of fifty reprints of his article will be furnished each contributor should he so desire. Any number of reprints may be had at reasonable rates if a WRITTEN order for the same accompany the paper.]

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### The Technic of Prostatectomy.\*

By RAMON GUITERAS, M. D., New York.

In closing my remarks in my Address before the Section of Urinary Surgery at the XIII International Medical Congress, in Paris, in August, 1900, I said that "I consider the operation of prostatectomy still in its infancy, in the same position that hysterectomy was twenty years ago; but I had no doubt that it would some day be simplified, and that therefore it behooved all surgeons interested in this line of work to improve the methods and technics of the operation." When making these remarks I little thought that prostatic surgery would advance with such rapid strides as it has, and that the operation would be of so great interest to all surgeons. That such is the fact, however, may be easily discovered by reading over the surgical literature of the last few years, in which it can be noted how many surgeons have written upon this subject, and how many and varied have been the technics employed by them.

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\*Read before the American Urological Association, New Orleans, May, 1903.

In other countries the urologists have been foremost in perfecting this line of work, and the transactions of the last two years of the French Association of Urologists have been rich in the description of new and scientific methods of performing this operation which, but a short time ago, seemed to baffle the ingenuity of all operators. In this country, notwithstanding the fact that much good work has been done by the urologists, the general surgeons have perhaps been the most active in pushing this line of surgery, so that to-day in almost any community an operator can be found who is able to remove a prostate successfully. In fact, only a few nights ago, in a discussion upon this subject in the New York Academy of Medicine, one of the ablest surgeons said that he considered prostatectomy a very simple and easy operation. The reason why it is now considered more simple is not only on account of the improvement in the technic, but because operators are better able to judge which prostates they can remove and which they had better leave alone.

The indications for prostatectomy are repeated attacks of acute retention of urine, urethral fever, epididymitis; or hematuria in a patient whose general health is good and whose kidneys are sound. The contra-indications, on the other hand, are extreme old age, general debility, feebleness, valvular heart disease or fatty heart, marked arterial sclerosis, medical or surgical diseases of the kidney, or the existence of any other chronic trouble which would perhaps debilitate the patient to such a degree as to render him unable to endure an operation. Regarding the condition of the bladder it may be said that it is less important than that of the kidney, for it makes no difference how badly involved the bladder may be, it will probably be benefited by the use of internal antiseptics and irrigations, once the obstruction has been removed. It is surprising to see how often the bladder can empty itself almost entirely after a prostatectomy even if it has been previously considered atonic, and years have been passed in catheter life. The shape and consistence of the prostate must also be considered, as enucleation is indicated in the large sized prostate, and not in the small sclerosed glands or collar shaped contractions that give rise to urinary obstruction.

All cases, then, in which prostatectomy is not indicated should either be operated upon by the Bottini method, permanent su-



prapubic drainage, or else relegated to catheter life. The following table will indicate roughly the factors governing the choice of treatment in prostatics:

## FACTORS GOVERNING CHOICE OF TREATMENT IN PROSTATICS.

<i>Indications.</i>	<i>Prostatectomy.</i>	<i>Prostatotomy.</i>	<i>Catheter Life.</i>
1. Age .....	Under 70 years.	Any age over 50 years.	Any age over 50 years
2. Kidneys ..	Normal.	Fairly healthy.	Considerably diseased
3. Bladder ..	Fairly healthy.	Fairly healthy.	Atonic.
4. Prostate ..	Markedly enlarged as felt by rectum	Moderately enlarged as felt by rectum.	Any size.
5. Urethra...	Decided impediment; elongation of the canal.	Distinct impediment.	Catheterization possible without difficulty or complications.
6. Residual urine.....	Over 4 ounces.	Over 4 ounces.	Over 4 ounces.
7. Special symptoms	Frequency of urination, pain, tenesmus & burning	Frequency of urination, pain, tenesmus and burning.	Frequency of urination, pain, tenesmus and burning; heart feeble, arteries diseased.
8. Complications.....	Attacks of urethral fever, epididymitis and hematuria (kidneys normal).	Same, but kidneys only fairly healthy.	Same, but kidneys too much diseased for operative procedure.

Prostatectomy was practically introduced by Bellefield and Magill, in 1886 and 1887. Magill first began to enucleate obstructing portions of the gland through a suprapubic incision into the bladder and gradually increased the amount enucleated until the entire gland was shelled out. Bellefield pursued the same tactics, but added a boutonnière perineal urethrotomy to the operation for the sake of draining the bladder from below after the suprapubic prostatectomy. Fuller then followed, but assisted the enucleation through the bladder by pressure with the fist on the perineum below. The author pursued the same tactics excepting that he made counter pressure with two fingers pressing upon the gland through the rectum. Suprapubic prostatectomy is, however, I believe, gradually becoming less popular and is being supplanted by the perineal route. Van Dittel was one of the first to remove a prostate in this way by the coccygeal perineal incision. Then came Zuckercandl and Pyle

with semilunar and transverse incisions in front of the rectum. The French surgeons have almost unanimously adopted the method of approach by the transverse incision in front of the anus, dissecting back the rectum, cutting through the levator ani muscle and the external capsule of the prostate, and removing the gland through this incision. Wishard, in 1892, removed the gland through an intra-urethral incision; Nicholl, in 1895, performed a perineal enucleation making pressure from above through the bladder. Alexander followed, performing an enucleation through the perineum by means of an intra-urethral incision, cutting through the capsule of the prostate, also resorting to a cystotomy for pressure on the gland from above. Shortly afterwards, in 1899, Bryson performed an enucleation through the urethra, resorting to suprapubic pressure from above in Ritzius' space, without opening the bladder. Syms, the same year, performed a perineal enucleation through the urethra resorting to pressure from above through a suprapubic opening into the peritoneal cavity. In 1901, however, he again modified this operation, using a balloon passed into the bladder through the perineal incision in a collapsed state which he then inflated. By this means he was able, by exerting traction upon the balloon, to force down the gland during its removal.

In working in this interesting field I found, although in some cases prostates could be shelled out through the perineum without pressure from above on the base of the gland either in the bladder, or Ritzius' space, simply by hooking the end of the finger over the gland in the rectum, that the perineal operation would be materially aided by practising traction on the base of the gland. I accordingly investigated the merits of Syms' rubber balloon, and was so much pleased with the device that I presented it in making my address at the XIII International Medical Congress, in Paris, in 1900. Later on I fancied that the traction by this method was not firm enough and could not be applied to the exact locality in which the enucleation was going on. I accordingly had a pair of forceps made resembling sponge holders, but with oval ends to the blades, the inner surfaces of which were striated so as to prevent the gland from slipping after it had been grasped (Fig. 6).

There were, however, certain difficulties encountered in applying these forceps, as it was difficult to steady the lobe of the

gland while they were being applied. I was, therefore, led to use a depressor that I could pass through my perineal incision into the bladder and having hooked it behind the prostate I could, by exerting traction, pry the gland down while enucleation was being performed. This instrument was shaped somewhat like a stove cover lifter, and could be turned in almost any

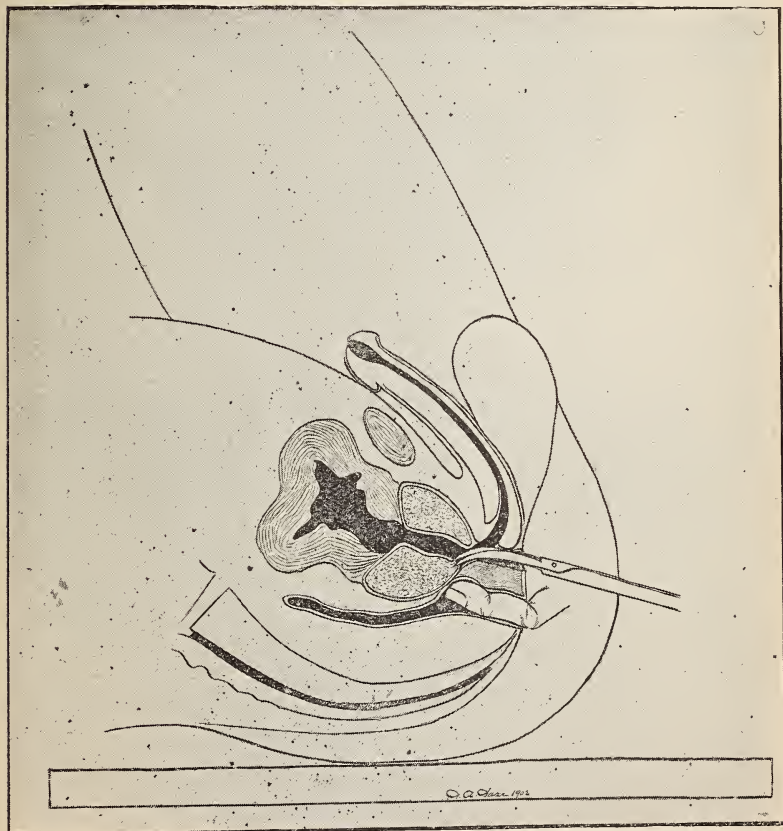


Fig 1.—Cutting through floor of prostatic urethra with curved scissors.

direction in the bladder thus exerting pressure on the part of the gland where it was most desirable. (Fig. 4.) Similar instruments have been advocated by Gouley, of New York, and Ferguson, of Chicago. The prostatic depressor used by me, and which I now present, is in reality a sound bent into the desired shape with the end flattened. A similar contrivance has been



made from a vaginal depressor bent in the same curve. The advantage of these instruments is to steady and force down the gland while it is being removed. These instruments illustrate in prostatic surgery the old and popular adage "pull and, if you can't pull, push."

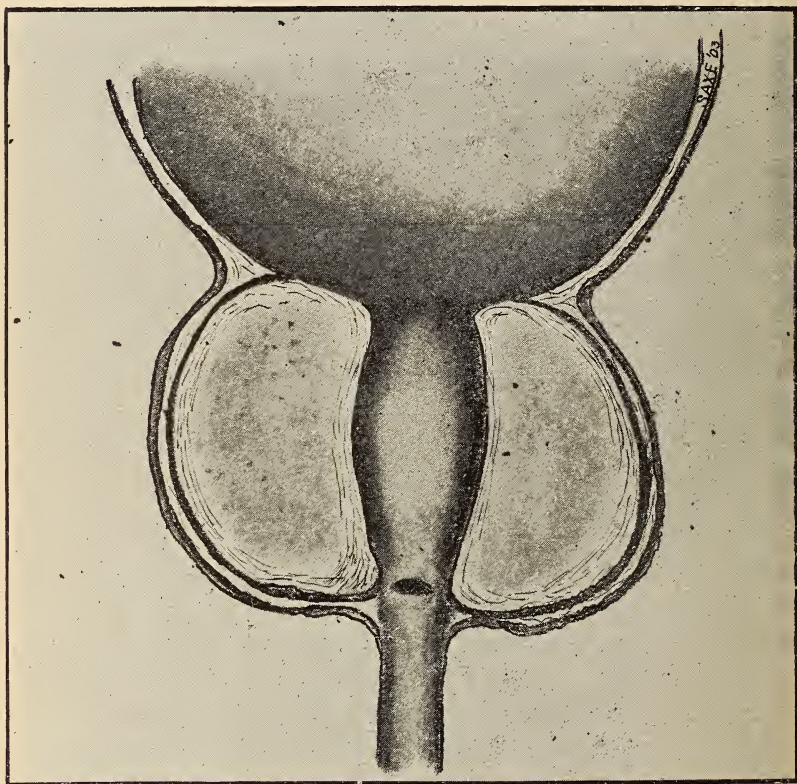


Fig. 2.—Showing opening in floor of prostatic urethra made by scissors through which finger is introduced in enucleating gland.

The technic of the operation of prostatectomy advocated by me at present is as follows: The patient should be prepared as usual, the perineum and suprapubic regions having been shaved; the rectum and bladder should be washed out clean before the operation. He should then be etherized and placed upon his back upon the operating table. A lithotomy guide is then passed through the urethra into the bladder and the patient placed in the lithotomy position. An external perineal

urethrotomy is then performed, opening the membranous urethra, after which the forefinger should be pushed through the perineal opening into the prostatic urethra with the object of examining it, and as much of the bladder as possible by palpation. This opening should then be dilated with the fingers, or instruments, to a sufficient degree to introduce the blades

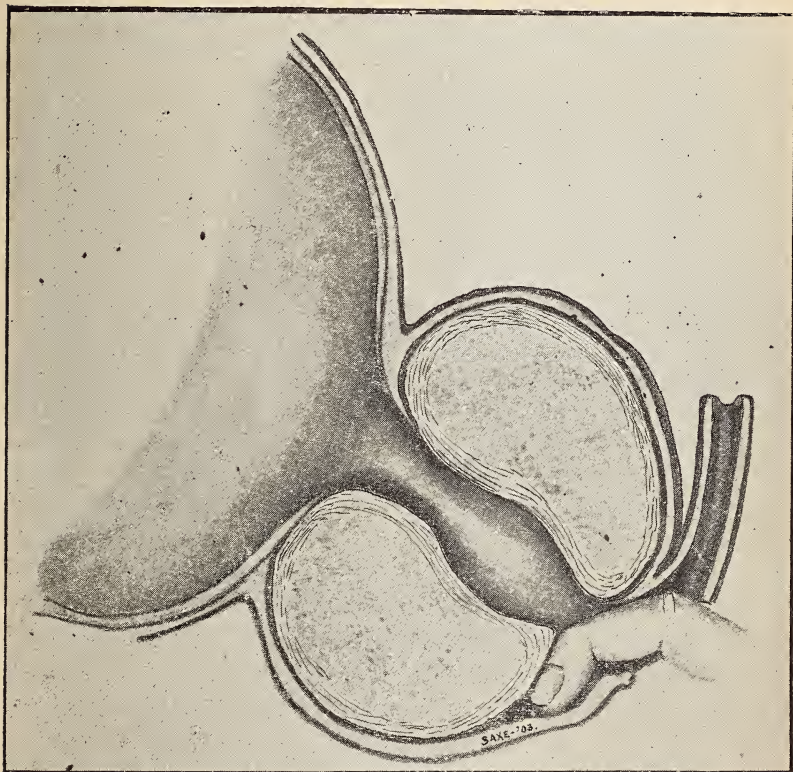


Fig. 3.—Finger passed through opening in Fig. 2 and enucleating between capsula propria and external capsule.

of the scissors for cutting through the floor of the prostatic urethra. With the finger of the left hand in the rectum, pressing upon the gland, I introduce the point of the blades of a curved pair of scissors into the urethra until they have just passed the apex of the gland, when I make a transverse incision in its floor.

The tip of the forefinger of the right hand is then introduced through the urethral incision and gradually works its way between the gland and the external capsule separating it from this latter covering.

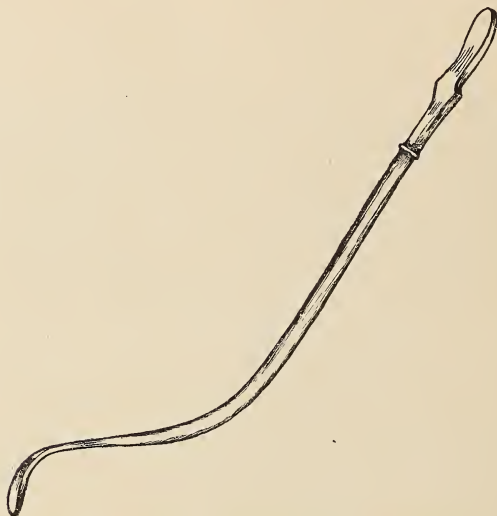


Fig. 4.—Prostatic Depressor (Guiteras). For prying down the prostate during enucleation.

The depressor is then introduced; this, owing to its curve, can be held in the upper part of the perineal opening, entirely out of the way of the finger, and does not interfere with it at all (see Fig. 5). When the lateral lobe is freed, the forceps are placed upon it and it is delivered. At times the base of the gland can not be easily freed, in which case, if the forceps are put on and traction made, the finger can break up the adhesions and the lobe can be gently withdrawn. The prostate gland usually comes out in two pieces with a so-called middle lobe adherent to one of the lateral ones, but the middle lobe sometimes remains behind after the two lateral ones have been removed, in which case it can usually be loosened with the finger nails, or grasped and brought out by the forceps.

The gland having been removed, it is important to apply a pair of artery forceps to either side of the upper margin of the urethral incision and then sweep the finger around between the urethra and the capsule and introduce it through the urethra into the bladder to see that everything is free. The bladder



should then be flushed out with hot water and if any calculi are present they should be removed. A second irrigation of 1 in 10,000 bichlorid of mercury solution is then given, and a perineal drainage tube inserted into the bladder through the inci-

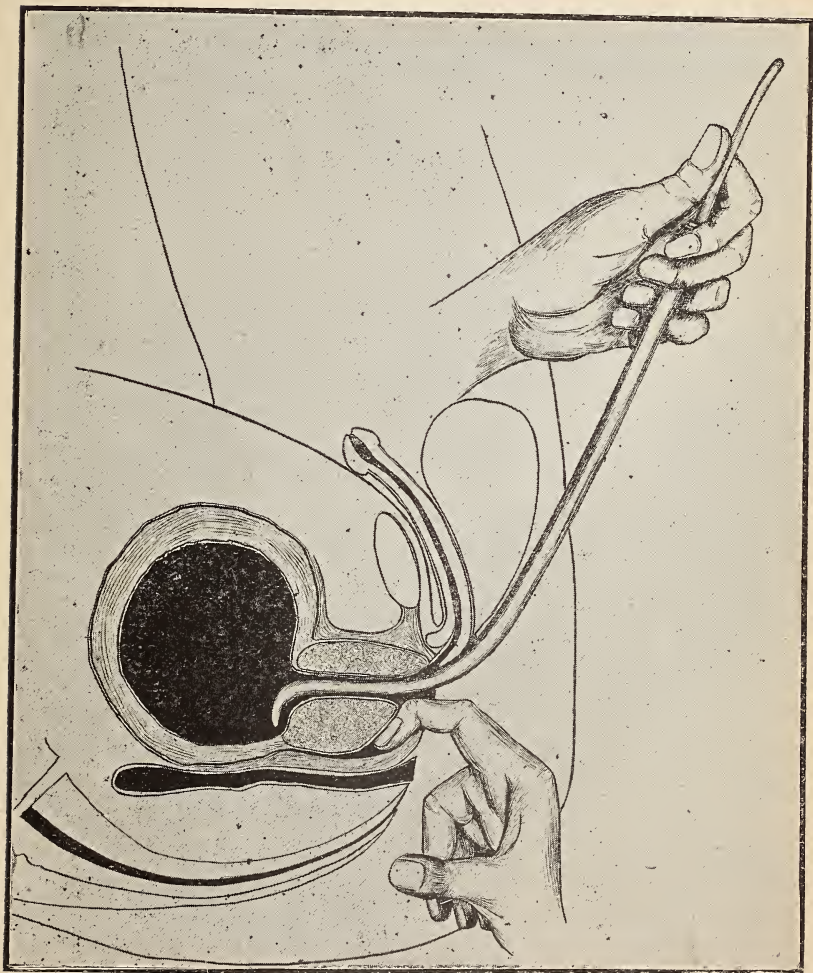


Fig. 5.—Showing depressor in position.

sion. It must be remembered that the artery forceps just referred to should be allowed to remain on the upper edge of the incision until the perineal drainage tube has been introduced into the bladder, as it often is extremely difficult to make it

pass through the urethra if its floor is not under control, besides which there is danger of tearing the canal or introduc-

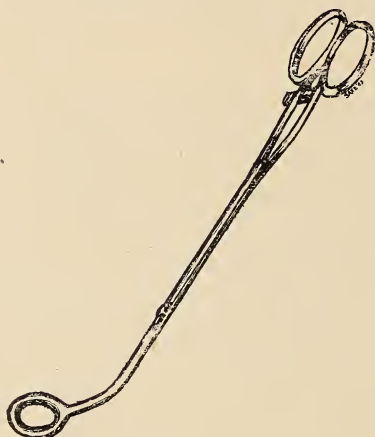


Fig. 6.—Prostatic Forceps (Guiteras).

For removing lobe of gland after freeing it from external capsule.

ing it between the urethra and the external capsule. It occasionally happens after performing a very rapid perineal prosta-

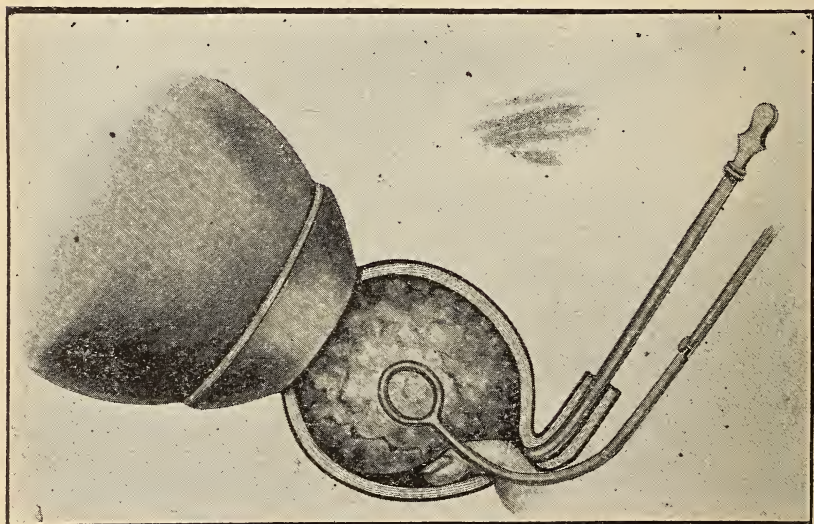


Fig. 7.—Showing traction-forceps on a lobe of the gland. Also the depressor passing through urethra into bladder. The left half of external capsule has been removed by vertical incision. The collar on the neck of bladder is the reflection of same part of fascia which has been cut off at right angles to prostatic portion.

tectomy, that it requires more time to introduce the drainage tube than it had for the operation. A large gorget passed in

over the ends of the forceps facilitates the introduction of the tube. The skin of the perineum is then closed tightly up to the tube and the operation is completed. The tube remains in the same position that it does after an ordinary external urethrotomy. It is removed at the end of a week, after which a large sized catheter is passed through the entire urethra into the bladder and allowed to remain until the urethra closes about it and the perineal opening has filled in. The care of the bladder is the same as in any other condition in which a catheter *à demeure* is left in *situ* for the same length of time.

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### A Few Differential Characteristics in the Anatomy of Some of the Lower Species Compared with that of Man; With Passing Allusion to Analogy and Homology.\*

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MR. PRESIDENT AND MEMBERS OF THE LOUISIANA STATE MEDICAL SOCIETY:—When invited by Dr. C. H. Irion, chairman of the Section on Anatomy and Physiology, to assist him in the work of that Section by preparing a paper appropriate to the occasion, it at once occurred to me that the presentation of a few of the differential characteristics in the anatomy of some of the lower species, more especially those more familiarly known as the domestic animals, compared with man, might prove of interest to the members of the Society, as I know, from personal experience, that the student of human medicine is not always required to possess a very profound knowledge of comparative anatomy, and, therefore, cannot be presumed to be very familiar with the differential characteristics when compared with that of the human subject. The chief difficulty, it seems to me, in recognizing analogous and homologous organs, and their positions, in man and in the lower animals, especially to those conversant only with human anatomy, is the difference in position assumed by each individual.

For example: I was once asked by a physician in the country to solve the difficulty in the operation of passing the catheter in the female of the genus *Equus*, it having baffled his ingenuity

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to locate the meatus. Realizing at once the cause of the trouble, I suggested that the position of the human female and that of the mare, under such an operation, were simply reversed, and that, if he would change the position of the quadruped into that of the biped, or imagine the reverse, the difficulty would most probably be solved. It is not, therefore, the difference in relation to surrounding structures in such an instance, but simply a difference in the natural position assumed by the different individuals.

I might state here that when using the term analogy I refer to similarity of function only, and when speaking of homology, similarity in structure is meant.

One rather striking instance in analogy is that found in the *membrana nictitans* found in connection with the eye of the horse and ox, and the digits on the pectoral limb of man. This, at first sight, may appear a little far-fetched, but if we look upon each as an organ by which to clear the eye of offending bodies, the analogy becomes more apparent. A short description of this membrane, or third eye-lid, as it is sometimes termed, may be necessary here, as well as interesting, I hope, as it is developed only in mammals having pronatory and supinatory actions of their thoracic limbs. The following is from Chauveau, the eminent French comparative anatomist: "This organ is placed at the inner canthus of the eye, whence it extends over the eye-ball to relieve it from foreign bodies which may fall upon it. It has for its framework a fibro-cartilage—reticulated or elastic—irregular in shape, and nearly prismatical at its base, and thin anteriorly, where it is covered by the conjunctiva; it is continued behind by a strong adipose cushion, which is insinuated between all the muscles of the eye-ball, and to which it is loosely attached. No muscle directly concurs in the movements of the body; they are entirely mechanical. When the eye is in its usual position, there is only perceived the fold of conjunctiva that terminates it in front; the remainder is concealed in the fibrous case of the eye. When, however, the latter is withdrawn into the orbit by the contraction of its *recti* muscles, the globe compresses the fatty cushion belonging to the cartilage; this cushion, pressing outwards, pushes the membrane before it, and the latter then entirely conceals the whole front of the globe. This movement is instantaneous, but it may be momentarily

checked by pressing gently on the eye, when the animal retracts it within the orbital cavity. The use of the membrana is to maintain the healthy condition of the eye, by removing any matters that have escaped the eyelids; and what clearly demonstrates this function is the inverse relation that always exists between the development of this body, and the facility with which animals can rub their eyes with their anterior (pectoral or thoracic) limbs. So it is that with the horse and ox, the thoracic limb of which cannot be applied to this purpose, the membrana is very developed; in the dog, which may use its paw, to some extent, when it requires to brush its eye, it is smaller; in the cat it is still less; while in the monkey and in mankind, whose hands are perfect, it is rudimentary."

It might be stated in this connection, that, whereas, the human eye is provided with six muscles, viz.: four straight and two oblique, the horse and ox have an extra rectus, known as the *retractor oculi*; and a third or middle oblique has been mentioned by Strangeways, of Edinburgh, as sometimes, if not always, found in the former animal. This posterior rectus, or retractor bulbi, of the horse and ox, seems to be considerably concerned in the mechanism of the movements of the *membrana nictitans*, although Chauveau credits them to no special muscle, as its action, when contracting, is to draw the globe towards the back of the orbit, and in doing so assists in flattening the adipose cushion which moves the membrane.

This membrane completely envelops the extra-cranial portion of the optic nerve, being a muscular sheath resembling in shape the fibrous lining of the orbit. Its fibers are disposed longitudinally, arise around the optic foramen, and are inserted into the posterior part of the external face of the sclerotic. It is always more or less fasciculated, and may be frequently separated into four portions—superior, inferior, external and internal.

No doubt many of you may have observed the elliptical, rather than circular, shape of the pupil in equine species. Appearing attached to the upper pupillary border of the iris in the horse can be seen several (four or five) roundish fungous-like masses. I recollect a year or two ago observing an editorial in a Western paper devoted exclusively to these bodies, the editor evidently imagining he had made the wonderful discovery that

fungous growths had been discovered in the eyes of every horse that shied, and that shying was chargeable altogether to these, presumably, malignant neoplasms. This journalist was quite correct when he said that all shying horses had these *corpora nigra*, as they are termed, but if he had extended his investigations a little further, he would have found that the non-shying ones possessed them also.

In briefly describing these pigmentary bodies, it may be said that the posterior face of the iris, in relation with the lens and ciliary processes, is covered by a very thick layer of pigment termed the *uvea*, from its resemblance to the color of a ripe grape. Portions of this pigment, supported by a small pedicle, frequently pass through the pupillary aperture and appear in the anterior chamber of the eye, as the brownish-black spongy masses referred to. Occasionally, but quite rarely, a small body may be found on the lower margin. Smith, in his Manual of Veterinary Physiology, states that when the pupil is contracted in direct sunlight, the centre of it is entirely blocked out by these pigmentary masses and divided into an inner and outer portion. It would appear as if this caused an imperfect image to be imprinted on the retina, and this view was at one time held; but on subjecting the question to actual experiment, no broken image was found to result from the use of a diaphragm, the centre of which was blocked out.

The use of these bodies is doubtless to assist in absorbing rays of light; but their position in the centre of the pupil, when that aperture is contracted, would, theoretically, not appear to be the most suitable position, and the author just quoted thinks they must have some other function.

With the exception of one area, the whole of the interior of the choroid is covered with pigment, and the same extends on to the ciliary processes and the iris. This area lies on the posterior wall of the eyeball above the optic nerve; it is of a brilliant metallic color in the horse, a mixture of green, yellow and blue, and is known as the *tapetum lucidum*, or bright carpet. It is found in both herbivora and carnivora; in the former it is said to be due to the interference of light causing iridescence, produced by the arrangement of the connective tissue of the choroid, and not to the presence of any pigment. In carnivora it is due to minute crystals in the cells of the part, the crystals



causing the interference. Chauveau states that by reflecting the rays of light a second time through the retina, it probably enables the animal to see better at night, or in a low light, the tapetum acting as a concave reflector. Of course we are all familiar with the glare in the eyes of the cat in the dark.

Leaving the region of the eye, which has, perhaps, occupied more time than was necessary, we might say a word or two with regard to the region of the shoulder. In solipeds, or whole-hoofed animals, as the horse, this region has for its base but a single bone—the scapula. In fact there is no clavicle present in any of the domestic herbivora; but in the carnivora, the shoulder has two bones—the scapula and clavicle. In the dog, the latter is little more than a shell embedded in the muscles in front of the scapulo-humeral angle; while in the cat, it constitutes a small styloid bone which is united to the acromion process and the sternum, through the medium of two ligaments.

The humerus in man is relatively much longer than that of animals.

The radius and ulna deserve brief mention. The latter bone in the horse ends, at its inferior extremity, towards the lower fourth of the principal portion of the forearm in an acute point, and sometimes by a small knob, the *capitulum ulnae*. It is not rare, however, to see it prolonged, especially in the ass and mule, to the inferior external tuberosity of the radius.

In the ox, sheep and goat, the ulna extends the whole length of the radius, and takes part in forming the articular surface corresponding with the carpal bones. In the hog, like the ruminant, the lower end of the ulna is in contact with the upper row of bones of the carpus.

It may be stated that the development of the ulna is in direct relation to the division of the foot. In monodactylous animals, for instance, such as the horse, ass and mule, the ulna may in fact be said to be only rudimentary. In pentadactylous animals, on the other hand, such as man, the dog and cat, etc., this is, in reality, a long bone which equals, or even exceeds, the radius in volume.

Coming now to the manus, or hand, we may say that the limits of this region extend from the lower end of the forearm to the third phalanx inclusive. If it is examined superficially, the differences it presents in the number and arrangement of

the parts composing it are very striking. The digits that terminate the hand are pieces which, from the earliest times, have most occupied the attention of observers. Thus, when we do not go beyond appearances, it might be believed that, with regard to the number of digits, there were great differences in animals. From this point of view, says Chauveau, the domestic animals form a nearly decreasing series, commencing with the carnivora, and terminating with solipeds. This author further states that, although the horse appears to have only one digit, the ox two, the hog four, and the dog and cat five, yet the hand in all these creatures may be referred to the pentadactylous type. We will refer briefly to only two of these—ruminants and solipeds.

Intended as an organ of support, the hand of the ruminant offers several fusions and abortions, which increase the solidity at the expense of its suppleness and flexibility. Thus, in the first place, it appears more difficult, than in other animals, to find materially or virtually the elements of the five digits.

Only six bones are found in the carpus of the ox, sheep and goat, but the study of relations demonstrates that there are: abortion of the fifth bone of the upper row; fusion between the first and second, and between the third and fourth, and abortion of the fifth bone of the lower row. So that, in reality, there are met with in the carpus of the domestic ruminant, the elements of ten bones, with the exception of two not developed.

The metacarpus comprises a principal metacarpal—the inferior articular face of which is double—and a styliform bone placed along its external and internal borders.

For a long time Geoffroy Saint-Hilaire had demonstrated that the principal metacarpal is formed by two metacarpals brought together during fetal life, and separated by a more or less incomplete medullary septum during extra-uterine existence. Besides the isolation of the two metacarpals—temporary in the ox—is permanent in some other ruminants. With regard to the external stylet, it is an atrophied metacarpal; for, in some teratological instances, it becomes elongated, and supports a more or less perfect digit. It is the same with the internal stylet, which is usually smaller, and embedded in a fibrous cord running along the large metacarpal; it may, like the external stylet, be converted into a perfect metacarpal.

Normally, no traces of a fifth metacarpal are found in the domestic ruminants, although it appears in some anomalies.

I understand that the museum of the Toulouse Veterinary School possesses the hand of a lamb in which the 5th can be seen inside the internal stylet, which has been transformed into a long metacarpal, which is evidently the metacarpus of the thumb, and bringing the metacarpus up to the pentadactylous type.

The digital region of ruminants presents two perfect digits (the 2nd and 3rd), and two rudimentary ones reduced to one or two small phalanges covered by a horny plate situated behind the metacarpo-phalangeal articulation. The two rudimentary digits may, in certain cases, be reproduced—to the right and left of the normal ones—complete, and suspended from real metacarpals. The presence of the 5th digit is normally indicated, according to Joly and Lavocat, by a tuft or spike of hair inside the carpus, rather above than below it. It may be mentioned that Geoffroy Saint-Hilaire studied a new-born lamb which had five digits in the anterior limb.

In solipeds, there is apparently only one digit enclosed in one hoof. Nevertheless, by the aid of analogous facts to those which have assisted in proving pentadactylism in ruminants, it is possible to demonstrate that the hand of the horse, ass, etc., is no exception to the general law.

Many anatomists describe only seven bones in the carpus of the horse—4 in the upper, and 3 in the lower row. But it is not rare to find a pisiform bone on the inner side of the trapezoid, which raises the number of carpal bones to eight. And Bourgelat, Girard, Rigot, and Goubaux, have observed in the carpus of the horse, in addition to the bones mentioned, a similar piece alongside the external bone of the second row. Lavocat considered this second piece as the first of the inferior carpal bones, the base of the external digit, and that the bone found beside the trapezoid was the base of the fourth finger.

The carpus of solipeds, then, does not differ very materially from the archetype.

The metacarpus of solipeds comprises a large bone articulating with the digital section, and two rudimentary pieces, one on each side of it, which are, in reality, atrophied metacarpals; for in some teratological specimens they are as long as the prin-



cipal bone, and terminate in a diarthrodial surface which articulates with a perfect digit. It is considered that the principal metacarpal of solipeds is the homologue of the metacarpus of the medius of pentadactylous mammals.

The horse, then has always three metacarpals—one for the medius, the index, and the annularis. Usually the metacarpal of the thumb is completely aborted; but yet, the existence of these bones is indicated by the frequent presence of the pisiform at the inner side of the carpus. Also, as a continuation from the pisiform, there may be found a conical prolongation parallel with the metacarpal bone of the index—a prolongation which, because of its connections, should be regarded as the metacarpal of the thumb.

Although no teratological example is known, with respect to the metacarpal of the annularis (little digit), its existence is virtually indicated by the presence of this small external carpal bone sometimes observed, and which was noted by Bourgelat, Rigot and Goubaux.

The phalangeal section only possesses the elements of a single digit. But besides the hoof, soliped animals have a horny plate divided by a slight median groove, and resting on an elastic cushion behind the metacarpo-phalangeal articulation. This plate has vessels and nerves from the same source as those of the principal digit; and Joly and Lavocat regard it as the representative of the phalanges which should be continued with the rudimentary metacarpals. In fact, when one of these metacarpals is developed into a perfect digit, the horny plate diminishes in volume, because a portion of its substance is carried to the extremity of the supplementary digit. The 5th digit is not absolutely represented, except by its carpal base, which is often absent; yet its presence in a certain number of instances, permits the affirmation that solipeds, materially and virtually, belong to the pentadactylous type; which conclusion, according to Chauveau, applies to all the domestic animals.

I trust you will excuse me taking up so much time with this particular region; but as it is one which, without some familiarity with it, its homologous relations to the human hand are so easy of misapprehension. But before passing on, I would like to say a few words with reference to the homology existing between the human nail, the dog's claw, and the horse's hoof.

As you are all aware, cornification of the epidermis results in the formation of horn, such as that, in this instance, found in the structures just mentioned. Some of the relations between the epidermis of the appendages and the claws, are interesting. In the human finger there exists beneath the nail a peculiarly modified epidermis—the *sub-ungual* portion, while the usual epidermis covers the ball of the finger. In the *unguiculates* (animals with claws), according to Kingsley, the sub-ungual portion is more developed and forms the lower surface of the claw. In the *ungulates* (hoofed animals) the unguis becomes much wider, and is rolled into a hoof, on the lower surface of which is still to be recognized the sub-ungual epidermis, forming, for instance, in the case of the horse, the sole, into which there projects behind, the frog of the foot, which, in reality, corresponds to the ball of the finger in man.

To bring the region of the hand within easier reach of the comprehension of the casual observer, it may be stated that, in the horse, for example, the homologue of the human hand is that part of the pectoral, or fore, limb beginning at the distal end of the radius, just above the equine knee so-called. We have here the radio-carpal joint formed by the lower end of the radius and the upper row of carpal bones, viz: the trapezium, cuneiform, lunar and scaphoid. Next we have the carpo-carpal, or inter-carpal, articulation between the upper row, just mentioned, and the bones of the lower—the unciform, magnum and trapezoid (the pisiform not always being present), and the carpo-metacarpal joint between the lower row and the three metacarpal bones. The metacarpal region of the horse extends from the carpus, or knee, to the fetlock, or metacarpo-phalangeal joint, after which we have the 1st, 2d and 3d phalanges, which latter, in veterinary anatomy, are sometimes designated *os suffraginis*, *os coronæ* and *os pedis*. The pastern joint, so-called, is the first inter-phalangeal, the second being popularly known as the navicular, or coffin-joint, which is within the hoof.

The hind or pelvic limb of the quadruped might be referred to along the same general lines as we have viewed the pectoral member, but which seems unnecessary at this time. Suffice it to say that the homologue of the human foot begins at that region in the horse known popularly as the hock. This is, in reality, the *tarsus*—the point of the hock, as it is termed, being

the *calcaneum* or *os calcis*, representing the human heel, and to which is attached the tendon-Achilles, or tendons of the gastro-enemii muscles. If you could, therefore, imagine a horse standing in an erect position, with the lower part of the limb, from the hock to the foot, upon the ground, you could perhaps more clearly see the homology, letting the relatively long metatarsus, with its digits, represent the second or third toe of the human foot.

The homology between the knee of man and the stifle, or femoro-tibial articulation, of the horse is, likewise, not always clear to those not familiar with comparative anatomy. The horizontal position in the quadruped, and probably on account of the femur being shorter and deeply embedded in muscular tissue, rather obscures the relations. But, if we again imagine our animal standing erect on his hind legs, we can more easily see the similarity. Unlike man, however, the horse has three patellar ligaments (external, middle, and internal straight ligaments of the patella) instead of one, although several of the lower species have a single *ligamentum patellæ*.

The domestic animals, other than solipeds, are distinguished by the complete absence of a pubio-femoral ligament; so that in them the movements of abduction, which are limited in solipeds by the tension of this ligament, are much more extensive; and it is the absence of this structure which seems to explain the facility with which the larger ruminants are enabled to strike sideways, a movement known popularly as a "cow-kick."

In alluding briefly to the digestive system, it may be said that the greatest difference is to be seen between the simple, single stomach of man, and the majority of the lower species, and the large complex stomach of the ruminant with its numerous compartments. For example, according to Colin, while the average capacity of the horse's stomach is only some 17 quarts, the stomach of the ox will accommodate some 300 quarts. The first three compartments are more in the nature of preparatory receptacles, the 4th being the true digestive cavity, into which the food passes, after regurgitation from the primary compartments, and final mastication, or, popularly speaking, "chewing the cud."

To compensate for the relatively small stomach, the horse's intestines are more capacious than those of the ox, which is



shown by the fact, that the capacity of the large intestine (the colon) of the former animal is about 137 quarts; that of the ox, only about 40 quarts; the small intestine of the horse holding about 67.4 quarts, and that of the ox only 69.7 or but 2.3 quarts more.

The horse, ass and mule have no gall-bladder, the *ductus choledochus* joining the *duct of Wirsung* and entering the small intestine as the *ductus communis choledochus et pancreaticus*. Bile is secreted continuously, but instead of passing into a receptacle, before entering the intestine, as in other animals, in the horse a greater quantity passes into the duodenum during digestion.

A most interesting collection of blood vessels is to be found at the base of the brain of ruminating animals, which seems to be the analogue of the *circle of Willis* in man, solipeds, etc. In the sheep it may be described as follows: The originating arteries, usually consisting of two principal vessels, arising with the ophthalmic and passing backward through the supra-sphenoidal canal, and ramifying in a special manner to form a mass of reticular twigs, designated, the *rete mirabile* (wonderful network) of Galen. It is a small ovoid mass, elongated from before to behind, placed beneath the dura mater, on the side of the sella Turcica, within the superior maxillary nerve, and composed of a multitude of fine arterial divisions which anastomose with each other in an extremely complicated manner. To give a summary idea of this beautiful network, it might be compared to a lymph gland, the afferent vessels of which would be represented by the originating arteries with the spheno-spinous, and the efferents by the originating trunk of the encephalic arteries.

In the ox the shape of this arterial entanglement offers but slight differences to that just described.

Fleming states that this *rete mirabile* would appear to be formed on the carotid and vertebral arteries of animals which, in a state of nature, feed from the ground, the object being to furnish an equable and prolonged supply of blood without the risk of check or hindrance, and thus to obviate the tendency to congestion of the brain during the dependent position of the head.

This minute subdivision and subsequent reconstitution of an artery, with a like intention, is also observed in other creatures besides grazing animals. The vessels in the arm of the sloth

are so disposed that the animal can remain suspended for long periods, and a similar arrangement is noted in the legs of birds, such as the swan, goose, etc., which can stand for a long time. Around the foot of the horse the arteries break up into numerous divisions, and it is known that this animal can remain in a standing posture sometimes for months. The same object is sometimes attained by great tortuosity, the most remarkable case of which is perhaps observed in the carotid artery of the seal, which is said to be nearly forty times longer than the space it has to traverse.

In the lower mammals we of course find differences in the general make-up of the teeth and of the temporo-maxillary articulation, dependent upon the nature of the food on which they subsist. In the purely herbivorous class, the molars are somewhat smooth on their tables, and more or less beveled, especially in the horse, with the upper jaw wider than the lower, and the temporo-maxillary joint looser, so to speak, to permit of considerable lateral movement in the operation of grinding the food.

Touching very briefly the genito-urinary system, it may be said that the carnivora have no *vesicula seminales*—the spermatic fluid passing directly from the testicle through the vas deferens to the female organs. In the dog there is a penial bone, which almost entirely constitutes the base of all that portion of the penis included within the sheath or prepuce. This os penis is intended to favor the introduction of the organ, but it may, at the same time, have something to do with the prolonged coital act in this animal, thereby allowing time for the secretion and ejaculation of the seminal fluid.

Cowper's glands are absent in the ox and dog, although present in the horse, and are small in the ram and cat. The prostate is found in the various lower species.

This, gentlemen, is only a mere tithe of what could be said upon the subject, and I must apologize for the apparent lack of system in the get-up of this hurriedly prepared paper. I have simply touched, here and there, a few of the "high places," so to speak, in the broad field of comparative anatomy, as the various points hastily cropped up in my mind; but if what I have said should have afforded you any information or enlightenment regarding a branch of study so closely allied to your own, I shall feel satisfied.

## Yellow Fever in Havana and Cuba, 1902.\*

BY CARLOS J. FINLAY, M. D., Havana, Cuba.

*My dear Dr. Chaillé:* The data about cases of yellow fever in Havana, and as far as I have been able to ascertain on the rest of the island, as well, during the years of 1902 and 1903 up to the present date, are as follows:

The last case originated in Havana having occurred in September 28, 1901, only imported cases will have to be considered for the period you have mentioned. There have been eight altogether, three of which proved fatal; they came in the following order:

No. 1. On the *S. S. Havana*, from Vera Cruz, admitted May 3, 1902, attacked May 1 and discharged May 24.

No. 2. On the *S. S. Leon XIII*, from Vera Cruz, admitted June 3, attacked May 27 and discharged July 3.

No. 3. On *S. S. Esperanza*, from Vera Cruz, admitted June 5, attacked June 4 and discharged July 18.

No. 4. On *S. S. Vigilancia*, from Vera Cruz, admitted August 5, attacked August 2 and died August 7.

No. 5. On *S. S. Monterey*, from Vera Cruz, admitted September 8, attacked September 4 and discharged September 30.

No. 6. On *S. S. Havana*, from Progreso, admitted September 16, attacked September 14 and discharged September 30.

No. 7. On *S. S. Esperanza*, from Vera Cruz, admitted November 18, attacked November 14 and died December 3.

No. 8. On *S. S. Esperanza*, from Progreso, admitted February 12, 1903, attacked February 7 and died February 25. (Of the 8, 6 were from Vera Cruz and 2 from Progreso.—PROF. CHAILLÉ).

My views regarding the absence of yellow fever in other Cuban cities since 1901, notwithstanding that there has been no lack of mosquitoes in those places, I can only make clear to you by stating fundamental facts concerning the propagation of yellow fever by mosquitoes, some of which facts have not yet been published. I hope that you will not consider them too lengthy or tiresome.

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\* Personal Letter to Prof. Stanford E. Chaillé, M. D., Medical Department, Tulane University, New Orleans, La.



Every case of yellow fever, according to the stegomyia doctrine, implies the existence of a mosquito of that species which has had opportunities for biting in the first place a yellow fever patient and, after a certain length of time (not less than 12 or 15 days), for biting a non-immune. Unless each and all of these conditions have been realized no yellow fever will develop. Experimentally a stegomyia mosquito which has bitten only once an infectious case of yellow fever (mild cases often proving non-infectious for the insect), if it has been kept at tropical temperature, will be able to inoculate the disease when applied to a non-immune from 15 to 20 days after its contamination, and thereafter at intervals of two, three or more days in every other non-immune to whom it is applied until the contaminated insect dies or loses the power of biting. The length of time that contaminated insects may live after their contamination varies extremely, even when they have been protected against the perils of a violent death to which they are often exposed when abandoned to their own resources in the open.

The following data, which have been obtained by Dr. Guiteras, are very interesting. On the 5th of August, 1902, an imported case of yellow fever, which ended fatally, was bitten on the third day of his attack by 18 mosquitoes which were caged together and well cared for; seven of them were killed for experimental purposes. None were allowed to bite again after their contamination. The remaining 11 insects were kept at room temperatures at Las Animas Hospital and the dates of their natural death were carefully recorded; they were as follows: 1 after 5 days, 1 after 10 days, 2 after 41 days, 1 after 65 days, 1 after 89 days, 1 after 102 days, 1 after 123 days, 2 after 125 days, and the last after 154 days; average life 80 days. Two of them (18 per cent.) did not live long enough to have inoculated the disease. One of them, which lived 154 days after its contamination, might perhaps have inoculated the disease to 45 non-immunes. I fancy, however, that if the insects had been allowed to feed on blood none of them would have lived beyond the average of 80 days, if as much.

If we apply this information to the epidemiology, it is easy to understand what a difference it will make to have a case of yellow fever introduced into a locality where the stegomyia mosquito exists, when the population in the place is mostly com-

posed of non-immunes living near each other, as happens in the United States, or on the contrary, in a town where the general population is immune, as happens in Cuba, and where only a limited number of non-immunes live interspersed among the immunes. Under the latter circumstances the epidemic will cease spontaneously with the death or removal of the last contaminated mosquito which had been able to fulfill all the necessary conditions for inoculating the disease. It should be remembered also that for some cause or other the *stegomyia* shuns the rural districts and open fields.

During the last three years Havana has been the only place on the island where a sufficiently large proportion of non-immunes has been constantly maintained by the uninterrupted foreign immigration to allow a condition of endemicity to be established; any casual gaps being opportunely filled up by the introduction of imported cases from Vera Cruz, Progreso, etc. As long as Havana is kept free from yellow fever and Cuban ports are carefully watched to prevent the propagation of the disease from imported cases, there should be no probability of a serious epidemic developing on this island.

After the lapse of ten or twenty years, however, if our freedom from yellow fever continues, a new generation of native non-immunes will have developed in Cuba, and unless the disease has been stamped out of the foreign endemic foci around us, the difficulty of controlling the spread of yellow fever will be greatly increased.

Lest I should not have made myself clearly understood, I will resume my answer with the statement that, in my opinion, even when no measures are taken against the yellow fever mosquito, outside of Havana there is not another spot on the island where a local epidemic could be *self-supporting*, that is, able to continue during several consecutive months without the re-introduction of new sources of infection or of new batches of non-immunes.

I am, dear Doctor, your sincere friend,

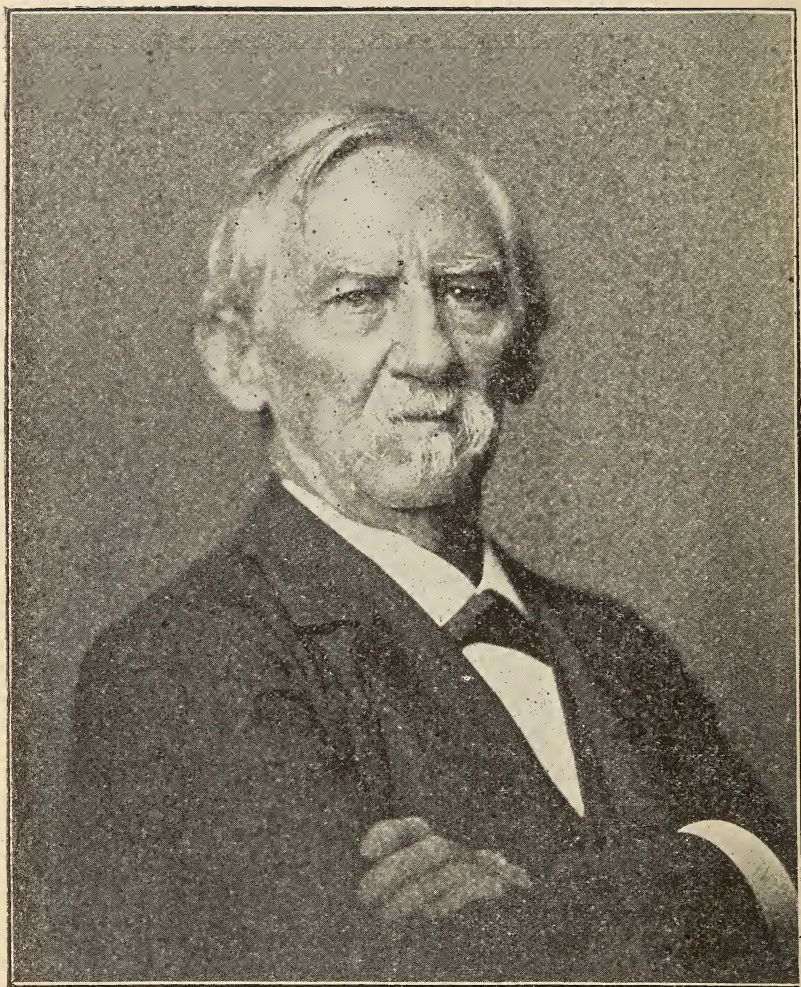
(Signed)

CARLOS J. FINLAY,

*Chief Sanitary Officer of Cuba and President of the Superior Board of Health of Cuba.*

HAVANA, CUBA, March 24, 1903.





PROF. STANFORD EMERSON CHAILLÉ, M. D.



**The Annual Report of 1903 to Edwin A. Alderman, LL. D.,  
President of the Tulane University of La., at the Annual  
Commencement of the Medical Department, April 29th  
1903.**

BY PROF. STANFORD E. CHAILLÉ, A. M., M. D., LL. D., Dean of the Medical  
Department, New Orleans, La.

MR. PRESIDENT:—In 1834, twenty-two years after Louisiana became a State, the Medical College of Louisiana, the parent of the Medical Department of Tulane University, was founded, and in 1835, issued the first diplomas in science or art ever conferred in Louisiana. During the sixty-nine years' existence of our college its graduates have numbered 3985, viz: 3646 in medicine and 339 in pharmacy.

The total number of students registered this session, 426, has never been surpassed, and never equaled except for the year 1900; however, excluding pharmacy students, the number solely of medical students has never been equaled. This full attendance was not expected, because it was known that the number of students of the three-years' course would be many fewer than in previous years. However, this reduction has been more than compensated for by the gain of students of the four-years' course, also to the greater reputation of the Medical Department, and to the continued prosperity of the Southwest. This favorable result, in spite of more numerous and rigid examinations, has been very gratifying and will strengthen the efforts to increase the requisites for graduation. The desire of the faculty is much stronger to supply the public with better trained physicians than to increase the number of students.

The number of medical graduates in 1902 was only 49, many fewer than in preceding years, because 1902 was the intervening year in the transition from the three to the four years' course. The number at the present session is 82, and probably it will not be many years before the maximum number of medical graduates, 114 in 1901, will be regained.

Some students who, prior to 1899, had entered the three-years' course, but had not been able to complete it, have been permitted to enter at the session, and will be graduated. But none except four-years' students have been permitted to enter since 1899, and no students except those of the four-years' course will be graduated in 1904 and thereafter.

For this reason there will be a reduction in the number of students at the next session. Whether this reduction will be compensated for in 1903-4, as at the present session, only the future can determine.

For the present and for future sessions, the faculty has materially increased the annual expenses, solely for additional teachers and instruction. So that never before in its history has the Medical Department had as many teachers and as much efficient instruction, and never before has a session been more satisfactory to every capable and ambitious student.

For the future of the Medical Department the event of greatest moment was the bequest of Mr. Alexander C. Hutchinson, a childless widower of wealth, who died at his home, in New Orleans, December 7, 1902. By his will, dated the preceding November 20, he constituted the Tulane University his residuary legatee for the benefit of the Medical Department—"to contribute to its usefulness and beneficence in ministering to the ailments, injuries and other physical infirmities of the suffering and destitute poor of all races, ages, sexes and nationalities." The validity of this will is questioned by the relatives both of Mr. Hutchinson and of his deceased wife, and the several suits at law, to test the validity of the will, can be decided only by the courts. The noble purpose of the generous philanthropist to contribute several hundreds of thousands of dollars to the relief of afflicted humanity is unquestionable. Should the execution of this manifest purpose be authorized by judicial decisions, the efficiency of the Medical Department would be notably increased and the utmost care be taken to fulfil the intentions of the donor. The Medical Department would at last be given opportunity and means to contribute to some of those original researches that have already notably increased and are destined still more notably to augment the health and happiness of mankind.

GRADUATES OF 1903: In behalf of your faculty I cordially congratulate you on the completion of your many years' labor to secure your degrees and on your relief from numerous wearisome and aggravating examinations. I welcome you to the ranks of your chosen professions and to the commencement of your lives, not merely of legal, but of *real* manhood. Proof of full manhood demands satisfactory evidence of power, not

only to support one's self, but also wife and children. Some of you have already proved your full manhood, and others of you have already secured positions sufficiently lucrative to support yourselves alone; but many of you have not as yet any profitable employment, and this day that releases you from the bondage of pupilage imposes on you the bondage of self-support. When you shall have succeeded by your own labor in supporting yourselves, then you will have given some proof of manhood; but not until you can also support wife and children will you be respected by manly men as having attained full manhood. Yet, not even then will you have reached the climax of manhood, for this requires labor sufficient not only to support wife, children and self, but also to contribute your full share to the welfare of the people of whom you may be a part. Idlers and wilful incompetents who live on the labor of others are vile parasites who disgrace true manhood.

Although you may now have little influence and less money, you have here gained power to secure both. Your eyes, ears, hands and brains have all been so trained that you have secured practical knowledge most useful to the public, and the public will always exchange what it has to give for what it values. So that your first and incessant effort must be to seek opportunity and to prove your capacity to be useful to the public.

The good conduct and character that have contributed to your success in this college will aid you elsewhere. In the many and severe trials of a practitioner's life the conduct that should control you may sometimes become doubtful. In the diploma of every one of you will be found a copy of the American Code of Ethics, and this will aid to determine your duty to patients, fellow-physicians and the public. This code is founded on the law that is not only most essential to morals, but also to the best policy; the law that promotes the wisest conduct and the highest character; the law that teaches how best to do justice to one's self—do unto others as you would be done by. Rely on it, that those who most complain of the inappreciation and injustice of others, are usually those who have been the most unjust to themselves.

Good students you have been and arduous students you must continue to be if you are to do justice to yourselves and thereby gain an enviable place among the leaders of your profession.



Never in man's history has there been such progress in science as now, and the science of medicine depends to a greater extent than any other on the progress of all others; hence not a year passes without the addition of most useful facts to medical knowledge. Without constant study you must limp in the rear. Consider how much more useful you are now prepared to be than were your predecessors of only a few years ago. Four of man's most disastrous scourges are consumption, diphtheria, malaria and yellow fever. By warfare against dried sputum the lives of many thousands can be annually rescued from consumption; by prompt and proper application of antitoxin, diphtheria can be bereft of its woes, and by thoroughly protecting the healthy from two different species of mosquitoes, malarial and yellow fever can be in great measure, if not wholly, eradicated. These enormous boons to humanity are but a tithe of those that medical knowledge is destined to confer on mankind. In the decisive warfare against disease and for the public welfare are you to be inefficient laggards, or shall you keep yourselves well-armed and efficient leaders in the endless battle you should wage to protect your patients and all your fellow-citizens from preventable disease and death?

The medical profession could contribute much more than it has done to the public welfare, and the public would greatly gain if it contributed far more to the promotion of medical knowledge. To gain what is needed requires the strength that comes from union and this demands organized efforts. Hence, it is your duty to unite with the association in your county or parish that will give you standing in the medical association of your State and of the United States. In every one of these societies avoid self-seeking, advocating no gain for yourself or for your profession unless it be a greater gain for the public.

The tie that binds teacher and student should be a mutual and a lasting benefit; and your teachers having zealously labored for your improvement, urge that you should always strive to promote the welfare of the Medical Department, as it has striven and will surely strive to benefit every deserving graduate, as long as his life may last.

Never has this college contributed to the public any graduates as well trained, nor any more worthy than compose your class of 1903. For your invariable courtesy and your generous ap-

preciation, all your teachers tender their most fervent wishes for your happiness and success.

MR. PRESIDENT, you are now respectfully requested to confer degrees upon 91 graduates. The 82 whose names will first be called are entitled to the degree of Doctor of Medicine, and the 9 who will be last named are entitled to the degree of Master of Pharmacy.

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## Miscellany.

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### BASIS FOR RECIPROCAL MEDICAL REGISTRATION.

For the purpose of establishing medical reciprocity among the States composing it, the American Confederation of Reciprocating Examining and Licensing Medical Boards promulgated the following propositions as a basis of reciprocal medical registration at their meeting held at Chicago, April 23, 1903:

That as a prerequisite to reciprocal registration, the applicant therefor shall file in the office of the Board of the State of which he is a licentiate such evidence as will enable the said board to certify that he is of good moral and professional character.

Such certificate shall be filed with this application for reciprocal registration in another State.

*Qualification No. I.*—That a certificate of registration showing that an examination has been made by the proper board of any State, on which an average grade of not less than 75 per cent. was awarded, the holder thereof having been at the time of said examination, the legal possessor of a diploma from a medical college in good standing in the State where reciprocal registration is sought, may be accepted, in lieu of examination, as evidence of qualification. Provided, that in case the scope of the said examination was less than that prescribed by the State in which registration is sought, the applicant may be required to submit to a supplemental examination by the board thereof in such subjects as have not been covered.

*Qualification No. II.*—That a certificate of registration, or license issued by the proper board of any State, may be accepted as evidence of qualification for reciprocal registration in any other State. Provided, that the holder thereof was, at the time of such registration, the legal possessor of a diploma issued by a medical college in good standing in the State in which reciprocal registration is sought, and that the date thereof was prior to the legal requirement of the examination test in such State.

# N. O. Medical and Surgical Journal

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## Editorial Department.

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CHAS. CHASSAIGNAC, M. D.

ISADORE DYER, M. D.

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### American Medical Association Meeting in New Orleans.

It has been called the "red letter meeting of the Association." It was almost the biggest gathering the body has yet held. It surprised many of our own people, who had to be awakened to the importance of so vast an aggregation of special students, engaged in the work for the good of the public health.

Amenities were rife and scientific lore was freely dispensed in every direction. Each section presented a program, in itself sufficient food for the digesting minds of all fortunate enough to follow it. New Orleans has been characterized by an epoch in the history of the advance of medicine in the United States, as expressed by the recent meeting of the National Association, numbering over 2000 registered physicians, and no one knows how many unregistered. The ladies of New Orleans have marked the occasion with their graciousness and sweet sense of hospitality, while the medical profession has left nothing undone to evidence their own willingness to show the sacrificial spirit in making the stranger guests thoroughly a part of us while they were here.

The aftermath leaves the sense of fullness of thought, not unmingled with the sentiment of certain ideals.

The swan song always carries a few deep notes which have always borne along the soul of the successful achievement, and even if in the old drama the master hand cast the chords of symphony, the current of this thought has always been the skeletal force of the song, and the echo has rung into the minds of all of us who are left behind.

The full power for good of so grand an aggregation of scientific minds can only be felt and known when time has developed it. Like the vibratory force from even a simple source, the



many lines of thought emanating from so many different points of view, can only grow in power as they are felt.

The profession has risen by this meeting, risen above certain dogma, above certain crude methods, above certain narrow rules of action, above certain conceptions of ethics, and the future is already budding for a blossoming time of revelation.

The very unit of force for good work inculcated in every man who was here means enough in itself to have justified the meeting, while the seed of the spirit of endeavor was sown everywhere, even among the laity, who touched only the fringe of the inner circle of enlightenment. The glow of pleasure, the essence of education, the throb of a sympathetic spirit of scientific unrest, each has touched the higher planes in the instinct of all, and the New Orleans meeting must pass into history as a momentous occasion pregnant with the idea of a future glory in the medical world and by no means barren of a return in good works.

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The 54th Annual Meeting of the National Association was held in New Orleans May 5, 6, 7, 8, 1903.

We have from month to month related the many preparations made for this gathering, and it is with a high degree of pleasure that we record their successful fruition.

The *New York Medical Journal* remarks this meeting as the "red letter event of the Association." The editor pays a pretty tribute to the Southern contingent, to whom he credits much original work.

The *New York Medical News* at greater length pays an eloquent tribute to the arrangements and discusses the amount of good of which the meeting will be productive.

It says "there is no more hopeful index of the brilliant future that is opening for medicine in America than the thorough way in which somewhat abstruse subjects were discussed by Southern members of the Association. It has been realized that there were brilliant lights in medicine at the South, but there can be no doubt after this that the rank and file of the profession, in spite of discouraging conditions in this part of the country in the not very distant past, are fully up to the standard of professional knowledge all over the country, and are, besides, on the crest of the wave of enterprise that is sweeping over the South with regard to progress of every kind.

"Few meetings of the American Medical Association have, we venture to say, been comparable with this in its successful attainment of every end of the annual gathering from the scientific business to the eminently admirable spirit of good fellowship that prevailed. The purely business meetings of the Association seemed to glide easier for the general good will. The organization of the national body and its close relationship to all lesser societies has now been perfected and all difficulty over the code seems in a fair way to be settled and a thoroughly united medical profession in America is not far off. The cordial hosts of the Association can take not a little of the credit for the success of the meeting to themselves. The representatives of the American medical profession have learned that the phrase 'Southern hospitality' is no empty name, and that even in the midst of the business bustle of the New South there is a spirit of welcome characteristic of the Southern gentlemen, of whom the country has so long been proud."

*The Journal of the American Medical Association* makes brief editorial mention as follows:

"The session of the American Medical Association just closed has been a success in every respect. The New Orleans arrangements were almost perfect, the general hospitality and feeling was most admirable, and the social functions passed off with delight to all. The Section meetings were above the average in the quality of the papers and the interest in the discussions; the business meetings disposed of matters which have long been a trouble to the profession. The president's address and the orations have already been placed before our readers and need no comment. The attendance was far beyond expectations, and made it one of the largest sessions that the association has ever held. The general spirit throughout was excellent, and we may say, altogether, that perhaps there has been no session that will leave pleasanter memories with those who attended it."

Rather a trenchant commentary is uttered editorially in the Cincinnati *Lancet Clinic*, curiously presenting a large amount of the opinion held by those whose views have not hitherto been exploited:

"The air was full of mutterings of discontent with the reorganization plans which are being carried on in the Association, many being much opposed, while others are ardent, and ably advocated the change of methods which are being adopted at this time. Criticism was freely expressed in regard to the reorganization methods put in use by the chief reorganizer, who receives a salary of \$5,000 a year for his services, which are mainly, at least largely, that of a solicitor for the Association

*Journal*. In that way he is supposed to earn his salary. The *Association Journal* also sends out from seven to ten or twelve other drummers for the *Journal*, who are authorized by the managers of the Association to offer such terms—cut rates—for new subscribers as to embarrass many other publications. \* \* Visitors were particularly impressed with the French quarter; it was absolutely unlike any part of any American city on this continent. The newspapers of New Orleans are among the best in the United States, and each has an editorial page of which any newspaper might be proud. The medical profession of New Orleans embraces men of the very finest and highest type to be found in any city, their hospitality is lavish and generous to an extreme. The schools appear to be divided equally between the whites and blacks; if there is a difference observable at all it is in favor of the schools conducted for the negroes alone. No mixed schools are to be found in New Orleans nor should they exist any place else.

“The section work of the Association, which means the scientific, was in every particular quite up to the times, no better or worse than in other years.”

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So vast a meeting with so many different points of news and of interest would demand large space for an itemized recital; we can only pass a general review in a running commentary of the different functions and purposes accomplished.

Socially the meeting was a success. Not only were men from all sections of the country brought closely together, but the Committee of Arrangements and the ladies of New Orleans can feel satisfied that the St. Charles Hotel Reception, May 5, the Fête Champêtre, May 7, the boat ride, May 8, were successful. The functions at Mrs. Cartwright Eustis's, at Mrs. Maurice Stern's, and the private entertainments given, were sufficient to demonstrate the famed courtesy of the Crescent City, while on every side our guests had the chance to see the best of our Southern women, both young and mature.

The House of Delegates on the several days of their meeting disposed of the business before them:

The Committee on Scientific Research assigned prizes of \$100.00 each to Drs. Newton Evans and F. J. Otis, of Battle Creek, Michigan, for work on “Systemic Infection with Blastomycetes”; Mr. G. F. Ruediger, Rush Medical College, Chicago, for work on “Virulent Streptococcus”; Dr. J. P. Moore,



Galveston, Texas, for a study on "The Latency and Relapses of Malarial Fever"; Dr. H. E. Weatherill, Philadelphia, for "An Experimental and Clinical Study of Sweat Secretion."

The Business Committee paid a tribute to the Trustees and *Journal*; recommended a new design for the official button; advised postponement of incorporation, which was adopted.

The Code of Ethics and recommended changes were freely discussed, finally resulting in some modifications of the chapters hitherto followed and a change of the title to the "Principles of Ethics." A rather important communication was submitted by the Committee on Medical Education, which was referred.

A suggestion of the President that the Committee on Place of Meeting be made permanent was adopted.

Dental and pharmaceutical members were duly admitted to the Association and a number of minor reports were disposed of.

The Committee on the Prophylaxis of Venereal Diseases was continued and the plan of a National Conference was approved.

On the last day of the meeting, May 8, the following officers were elected:

PRESIDENT—Dr. John H. Musser, Philadelphia.

FIRST VICE-PRESIDENT—Dr. G. C. Savage, Nashville, Tenn.

SECOND VICE-PRESIDENT—Dr. Isadore Dyer, New Orleans.

THIRD VICE-PRESIDENT—Dr. C. Lester Hall, Kansas City, Mo.

FOURTH VICE-PRESIDENT—Dr. George F. Jenkins, Keokuk, Iowa.

TREASURER—Dr. Henry P. Newman, Chicago.

SECRETARY AND EDITOR—Dr. George H. Simmons, Chicago.

TRUSTEES—Drs. William H. Welch, Baltimore; Miles F. Porter, Fort Wayne, Ind., and Dr. M. L. Harris, Chicago.

JUDICIAL COUNCIL—Drs. F. H. Wiggin, New York; G. B. Gillespie, Tennessee, and D. C. Peyton, Indiana.

ORATOR ON SURGERY—Dr. W. J. Mayo, Rochester, Minn.

ORATOR ON MEDICINE—Dr. George Dock, Ann Arbor, Mich.

ORATOR ON STATE MEDICINE—Dr. H. M. Biggs, New York.

Resolutions were adopted thanking the New Orleans Committee of Arrangements and others, as follows:

*Resolved*, That the cordial thanks of this Association be hereby tendered to the fair women and brave men of this historic city, and more especially to the medical profession and the various active and efficient committees through which it has been made effective, for the profuse and charming hospitality which has done so much to make this one of the most pleasant sessions in the history of this Association.

*Resolved*, That thanks be extended also to the newspapers of the city for the full and impartial reports of the proceedings published, to the transportation companies for reduced rates, and to all others who have contributed to the success and pleasure of this session.

*Resolved*, That especial thanks be extended to the retiring president and to the secretary, for the constant fidelity and distinguished ability manifested in their management of the affairs of the Association, not only during this session, but throughout the year.

The Section Meetings of the Association were full of interest and all were well attended. Those on surgery and medicine taxed the full capacity assigned to them. It is worthy of note that no paper attracted more attention than that of Prof. Stanford E. Chaillé, which was classed by Prof. William H. Welch, of Baltimore, in his address on State Medicine "as a classic in the history of medicine."

The General Sessions were held, the first at the Tulane Theatre, and the rest at the Carondelet Street Methodist Church:

The first day was marked by addresses of welcome on the part of the city by the Hon. Paul Capdevielle, Mayor of the city, on the part of the State by the Hon. Leon Jastremski, and for the citizens of New Orleans by Mr. Henry P. Dart, of the New Orleans Bar, who in a very apt and timely speech touched strongly on the gratuitous services of the medical profession and the future compulsory recognition of this by the State. A response to these addresses was made by Dr. J. T. Witherspoon, of Tennessee, one of the vice-presidents. His speech was full of rich humor and marked by his own appreciation of the fact that he was a Southern man. The president's address followed, strongly depicting the reasons for medical reorganization in the United States and urging the importance of some restriction of the large annual influx of medical graduates. His argument was logically along the lines of high standards and of legal restriction.

The first, second and third night of the General Sessions were occupied in the addresses on Medicine, by Dr. J. M. Anders, of Philadelphia; on Surgery, by Dr. F. A. Jonas, of Nebraska, and on State Medicine, by Prof. William H. Welch, of Johns Hopkins University, Baltimore.

## Abstracts, Extracts and Miscellany.

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### Miscellaneous.

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PROBABLE NATURE AND LIFE-CYCLE OF THE YELLOW FEVER GERM.—“We know that this germ requires two special hosts for the completion of its life-cycle, one of them being the body of a non-immune human being and the other a particular species of mosquito; a fact which at once establishes such a close analogy with the mode of propagation of malaria that, unless positive proof to the contrary can be brought forward, we cannot forego the conclusion that the germ of yellow fever, like the germ of malaria, must be a protozoon and not a bacterium. We are, moreover, led by the same analogy to infer that the unknown germ of yellow fever goes through phases of development more or less similar to those of the malaria parasite which, after the original discovery and patient study of the germ by Laveran, have been brought to light through the genial acumen of Manson, Ross’ identification of the intermediate host and the minute investigations of the Italians, Grassi and Marchiafava, all of which results were utilized by Koch in 1898, as the foundation for principal prophylactic recommendations.

“With these data to start upon and bearing in mind certain facts which have been clinically and experimentally substantiated as well as the rules which appear to govern the parasitism of protozoa (Doflein, *Die Protozoen als Parasiten und Krankheitserreger*, 1901), I shall endeavour, in the first place, to show that, while the human subject is rightly considered as the permanent host for the germ of malaria, it is the *stegomyia* mosquito and not the human subject which acts the part of a permanent host for the yellow fever parasite. The short sojourn of this germ in the body of the yellow fever patient being only such as might be expected of a parasite going through phases of sexual reproduction in the body of its intermediate host.

“In order to compare the two germs with each other, I shall recall some of the most essential phases of development in the malaria parasite. The new born embryos abandon the salivary glands of the anopheles to commence their life-cycle in the body



of a non-immune who has been bitten by the insect. There, in the body of the non-immune subject, the young parasites will find appropriate conditions for their subsequent development; they will grow to adult age, multiplying by schizogonia or sporulation in the blood of their host, and will continue to do so for an indefinite length of time even after they have become fit for sexual reproduction. The phenomena of sporulation being repeated at regular intervals, a reaction is produced each time in the non-immune host in the form of characteristic attacks of intermittent fever. The tenacity with which these fevers take possession of the patients, lasting sometimes, if not properly treated, several consecutive months, clearly proves that the human body constitutes the permanent host for the parasite. Yet within the body of this permanent host, for some unknown reason (perhaps the need of lower temperatures or of a freer access of atmospheric air); the function of sexual reproduction for the malarial parasite cannot be even initiated, and it can only be accomplished in all its phases within the body of an intermediary host, the anopheles mosquito. If the anopheles tarries too long, resting bodies (crescents) are formed, in which condition the parasite can abide almost indefinitely in the blood of the infected malaria subject, without occasioning any outward symptoms, but ever ready to assume the function of sexual reproduction whenever an anopheles mosquito happens to suck them up with the blood in the act of biting the patient. The anopheles will then act the part of an intermediary host in whose body, after the lapse of a few days, a large number of embryo parasites will be produced. These, by virtue of some occult biological affinity, accumulate in the salivary glands of the intermediate host, so that the latter may implant them into a capillary vessel of a non-immune. Should an appropriated host, however, fail to come within reach of the anopheles' sting, after the new generation of parasites have gathered in its salivary glands, they will die either without parting from the insect or upon inappropriate soils where they may have been deposited by the latter with its saliva. The intermediate host appears therefore to constitute a special device provided by nature to prevent the extinction of the parasite.

“Now, if we compare the facts that are known regarding the clinical history, etiology, and epidemiology of yellow fever

with the foregoing account, what strikes one the most is not the parallelism but rather the contrast between the course of events in malaria and in yellow fever, as the following instances will show: 1. Malaria, untreated, is mostly a chronic disease, often of very long duration, while yellow fever is a very acute disease running its course, as a rule, within the space of a week. 2. I do not know whether any efforts have been made to ascertain the limit of time that the young malaria embryos may live within the body of the contaminated anopheles after they have been hatched out; but it is evident that cramped up and crowded together in the tiny body of the insect the embryos of the malaria parasite will not be able to reach their full development, for want of space and of such nourishment as would have been supplied by the human blood. In the body of the *stegomyia* mosquito, on the contrary, we positively know that the germ of yellow fever continues to live, at least, two months, and, probably, till the natural death of the mosquito host. 3. The anopheles becomes infected by biting a person suffering from malaria at any time when the parasite, in the form of gametes or of resting bodies, happens to be present in the peripheral blood circulation of that person, a condition which may last during several months; while the yellow fever mosquito (*stegomyia fasciata*) can only become infected if it chances to bite a yellow fever patient within the first few days of his attack; and when convalescents just recovering from an attack of the disease are removed to another locality inhabited by non-immunes, though there may be an abundance of *stegomyia* mosquitoes, the infection is not transmitted to their new abode.

“The contrast, however, is more apparent than real, for the parallelism can be easily re-established by simply recognizing that the *stegomyia* mosquito acts for the yellow fever germ the same part that the human host does for the malaria parasite, and *vice versa*.

This recognition is not a mere matter of entomological or biological interest, for it leads to logical deductions which may be of use in directing our efforts to identify the unknown germ of yellow fever, and even if those efforts should prove unavailing, a clue may be obtained for a better comprehension of the nature of this germ as well as of some others which are sup-

posed to be invisible by reason of their extreme minuteness which places them beyond the reach of human vision even with the assistance of our most powerful microscopes. The yellow fever germ, being a parasite of a small insect (the stegomyia mosquito), in whose body it must go through all the phases of development and multiplication by schizogonia, with only a very scant food supply to be obtained from the tissues of its host, must logically be a much smaller protozoon than the malarial parasite. If, therefore, it be remembered what difficulties the first explorers had to overcome before the malaria sporozoites were recognized in the salivary glands of the contaminated anopheles it is easy to conceive that the search for a much smaller sporozoite in the blood of the yellow fever patient would be almost a hopeless undertaking. It is possible, however, that in the body of the contaminated stegomyia some larger resting form, analogous to the crescents of malaria, might make their appearance within the field of the microscope, in which case their recognition would be facilitated by the knowledge that in the case of yellow fever their right place must be in the body of the mosquito-host and not in the blood of the patient.

“ Another form of speculation is the kind and quantity of food that such a tiny host as the stegomyia mosquito can be supposed to supply to the large number of yellow fever germs that it harbors during a period of two or three months and this problem becomes all the more interesting from the circumstance that neither the activity nor the longevity of the contaminated stegomyia appear to be impaired by the presence of the parasite. In view of these circumstances one is inclined to consider the relations of the yellow fever germ towards its mosquito-host as partaking of the character of a commensal, the germ probably obtaining its principal nourishment from a portion of the food which the host provides for its own use. Under this hypothesis it is quite conceivable that spores of bacteria being sometimes introduced with the food, may be brought in contact with the germs and perhaps act as extemporaneous hosts for the ultra-microscopic parasite. Some such complication may even have given rise to the various claims that have at different times been brought forward in Brazil, in Mexico and in Cuba,



in favor of certain cocci, bacilli, or my own tetragenus, according to the bacterial flora of each of those countries.

In conclusion, I shall state the following practical deductions as the outcome of the views expressed in this paper:

1. The yellow fever germ being the parasite of a small insect, must be a much smaller protozoon than the malaria germ, which is a parasite of man.

2. The reality of invisible (ultra microscopic) germs as promoters of human infectious diseases having now been scientifically demonstrated (*Annales de l'Institut Pasteur*, Fév. 28, et Mars, 1903), it is possible that the germ of yellow fever may be one of that class.

3. For other infectious diseases, the germs of which have escaped detection, such as the eruptive fevers and syphilis, it may be surmised that these germs are, or at one time were, parasites of a very diminutive insect-host, which either continues unsuspected or may have become extinct.

4. The sojourn of the yellow fever germ in the human body is of short duration, in accordance with its object, which is, mainly, to secure the preservation of the species by sexual reproduction.

5. The function of sexual reproduction of the germ in the human host is accompanied by the elaboration of powerful toxins, to which must be directly attributed the attack of yellow fever.

6. Apart from the elimination or destruction of the stegomyia and anopheles mosquitoes, our main reliance for the prophylaxis of yellow fever and malaria should consist in preventing the transfer of the parasite from the intermediate host to the permanent one, since by that means the extinction of the germ may be obtained; but while this is comparatively easy in the case of yellow fever, its accomplishment for malaria presents almost insurmountable obstacles. There is no great difficulty in preventing a yellow fever patient (intermediate host) from being bitten by and infecting the healthy stegomyia (permanent host); but in a malarial locality, it is almost impossible to prevent the contaminated anopheles (intermediate host) from biting and infecting some of the healthy persons (permanent host) in the locality. Serious efforts to prevent the transfer from the permanent host to the intermediate one, should of

course never be omitted, but their efficacy as a means of stamping out the disease is infinitely less than in the former instance. The reason of the difficulty in this case arises from the chronic, if not life-long presence of the germ in the body of the permanent host so that control of the latter becomes practically impossible except by a general extermination or prolonged reclusion of such hosts.

7. If the existence of pathogenic bacteria requiring two hosts should be admissible in human pathology, leprosy and tuberculosis would be typical instances of the sojourn of the bacterial parasite in the body of its permanent host, and in which the possibility of an intermediary host has hitherto been completely ignored or overlooked.—DR. CARLOS FINLAY, in *Revista de Medicina Tropical*, April, 1903.

DURATION OF LIFE OF THE STEGOMYIA FASCIATA OR YELLOW FEVER MOSQUITO.—As this insect retains its infectivity all its life, the facts which refer to the duration of its life are of great interest. To explain the existence of yellow fever in Havana, from one year to another, it was not necessary to suppose the mosquito with a long life, as we always had, during the winter, sporadic cases which served as a link between the last cases of the fall and the first cases of spring; but in the sub-tropical zone, in the Southern States of the Union, yellow fever disappeared completely in December, to reappear in the next spring. This could only be explained if some insects lived for a few months.

The following experiment was made at the laboratory.

Eighteen mosquitoes hatched on the 1st of August of 1902 were made to bite, on the 5th of the same month, M. Salgado, a fatal case of yellow fever imported from Vera Cruz. Of these mosquitoes 7 were killed to study the intestine and salivary glands and the 11 remaining died in the following order:

1 of 5 days of age; 1 of 10 days of age; 2 of 41 days of age; 1 of 65 days of age; 1 of 89 days of age; 1 of 102 days of age; 1 of 123 days of age; 2 of 125 days of age; 1 of 154 days of age.

After the first time these mosquitoes did not bite again and were preserved in wide mouth glass jars covered with gauze. Inside the jar were placed a glass of water, some grass and a lump of sugar.

Some interesting problems occur in reference to transportation of mosquitoes by ships, in state-rooms, in the hold, by baggage, etc. Sometimes, for example, a ship may render a long trip without having a case of yellow fever aboard; a sailing vessel arriving at the mouth of Mississippi from Rio Janeiro. On opening the hold, the cargo is removed and preparations are made for disinfection; five days later cases of yellow fever appear among the crew. It is true that in some cases the fault has been found in the ship to cover some negligence in the quarantine. These stories belong to the time when the transmission of yellow fever by mosquitoes was unknown, and it might be that the place of arrival, the quarantine itself, was infected, that is, retained infected mosquitoes from previous cases. In some cases this explanation is not possible.

Some instances are referred to of trunks, bundles of clothes coming from places where yellow fever existed and on being taken to other places and opened have started epidemics of yellow fever.

These are also old stories. It is very easy to suppose that the first case of yellow fever in any locality is produced by contact with fomites coming from another place. In this manner the blame will fall to the neighboring city, and the expert sanitary officer will have no need to hide more sporadic cases which had occurred in his town before the faulty trunk arrived. Experience has taught me that the first case of an epidemic, presented to the public, is never the first case at all. But suppose the infection has some time come with the bundle accused.

Certain experiments make it difficult to explain these cases, on the basis of the mosquito theory. In my experiment referred above the mosquitoes lived several months with plenty of water. But Dr. Finlay and others have proved that the life of the mosquitoes is short (a few days only), if it is deprived of water.

I have believed, however, that in the state of hibernation perhaps the insects could live without water. We know that larvæ, although they possess great activity, may outlive the winter in a lethargy. The cases mentioned about trunks and bundles that have preserved a latent infection for a long time have been packed in autumn, remained closed all winter and were opened in spring.



At the Las Animas Laboratory we have made the following experiment: 33 female *stegomyia*, retained in a wire gauze cage, without water, grass or sugar were placed in an ice box with a temperature between 8 and 10 degs. C. Forty-five days later 16 mosquitoes survived and at the eighty-seventh day only 3 survived. On the next day these 3 were destroyed by ants.

These experiments began on the 2nd of December of 1902. I must admit that the experiment is not faultless because some condensation water might have been deposited on the gauze.

In ships it is easy to discover many places where mosquitoes might find water. Recently I have examined the water from the hold of two transatlantic steamers; Dr. Hugo Roberts, quarantine officer, sent me two bottles of water from the hold of the steamship *Pinillos* and another from the engine department of the steamship *Normandie*. In both of them were placed eggs and larvæ of *stegomyia* and also adult females ready to lay eggs. In the water from the *Pinillos*, which was salt water, they did not lay eggs and neither the eggs nor the larvæ were hatched; but in the water from the *Normandie*, which contained very little salt, and possibly had condensed on the walls, all the experiments were positive.—GUITERAS—*Ibid*.

THE SHIGA BACILLUS AND SECONDARY INFECTIONS IN YELLOW FEVER.—Through Professor Flexner, of Philadelphia, I obtained last fall several cultures of the Shiga bacillus. With the knowledge of the hemorrhagic character of the infections caused by this bacillus and its universal distribution and also of the recent observations made in Baltimore that many of the acute intestinal summer troubles in children are caused by this germ, I determined to investigate if it was present as a secondary infection in yellow fever. Very soon Dr. Agramonte and myself proved that the Shiga bacillus in Cuba, as in many other places, was the cause of the intestinal troubles in infancy; observation later confirmed by Drs. Dueñas and Dávalos.

This year, in February, I had the opportunity to study a case of yellow fever imported from Progreso, Yucatan.

He was admitted to Las Animas on Feb. 12, on the fifth day of the disease, and at 2 p. m. he commenced vomiting coffee-ground vomit, after a fall of the temperature; the latter had commenced at noon. On the same day a decided agglutination

of the Shiga bacillus obtained in 20 minutes, with dilutions of 1 to 50. The patient died on the 14th day of the disease, and continued to the end, giving the Shiga reaction. and showing hemorrhagic symptoms.

We have but few opportunities of studying yellow fever now; others, therefore, will have to take up this question for confirmation. I had been slow in accepting the theory of secondary infections in yellow fever; at least, as an ordinary occurrence. The organisms generally inculpatated were pyogenic organisms, especially the colon bacillus. I objected that yellow fever was, of all the acute infectious diseases, the one in which there was the least tendency to secondary suppurations. I had observed even cases of diabetes to occur with yellow fever without complications. The Shiga bacillus, however, belongs to the group of hemorrhagic bacteria, and it is possible that this secondary infection may account for some of the symptoms of the disease, the hemorrhages, the remissions of the fever.—GUITERAS—*Ibid.*

HEROIN AND OLIVE OIL FOR GALL-STONES.—Says Bate (*Medical News*, Nov. 15, 1902), the first steps in the treatment of the attack must of course be for the control of pain. Anodynes, opium alkaloids, ether and chloroform have served. Perhaps the speediest relief with the least undesired after-effect is obtained by the hypodermic use of heroin hydrochloride in combination with atropin. Heroin is more analgesic and less constipating than morphin. Just as when morphin is used small doses of heroin should be frequently repeated, lest the stone pass suddenly and a narcotic rather than an analgesic effect result. (*Therapeutic Gazette*, February, 1903.)

Thomson believes that scarcely 1 out of 20 of those who suffer from gall-stones will ever need to undergo operation. He regards olive oil properly administered as the most efficient remedy, but holds that the old idea of its action is wrong. According to Thomson, it acts by exciting a watery flow from mucous membranes. He advises patients with cholelithiasis to take an ounce or two for ten consecutive nights, then to intermit for about a week to avoid gastric disturbance, and then to resume it again for ten more nights. The result is said to be not immediate relief, but progressive amelioration of symptoms

with the attacks becoming fewer and lighter until they cease permanently.—*American Year-book of Medicine*, GOULD, 1903.

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## Department of Obstetrics and Gynecology.

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In charge of DR. P. MICHINARD, assisted by DR. C. J. MILLER, New Orleans.

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RECURRENT ABORTION, WITH SPECIAL REFERENCE TO THAT FORM DUE TO DEFICIENT VITALITY OF THE MOTHER, OR BOTH PARENTS, AND OFTEN ASSOCIATED WITH SOME HISTORY OF TUBERCULOSIS.—Dr. John W. Taylor (*British Med. Journal*, April 1903), makes a special class of these cases and contrasts the clinical features with those of other types, especially syphilis. The general characters of the recurrences are different: In the syphilitic class the natural tendency (even apart from treatment) is rather of an upward character. Each succeeding abortion, if the patients' general condition remains satisfactory, tends to occur at a later period until the pregnancy goes to term.

At this stage dead children are usually born, but finally living children may be expected. In the strumous class the natural tendency is rather of a downward nature. Unless something is done to improve the general health, each abortion tends to further weaken the patient, each succeeding abortion tends to occur at an earlier period, and finally in some untreated cases he thinks the power of conception is lost.

The clinical history of the miscarriages themselves are different; in syphilis, while abortion may occur spontaneously and without difficulty, as in some cases of general infection of the mother and father, in quite a large proportion of cases there is some definite difficulty connected with abortion. The products are retained, occasionally become septic and need operative removal. In such cases the placenta is found adherent, is only fully detached after careful curetting, and the operation may have to be repeated over and over again with each succeeding abortion. In the "strumous" class such a history is unknown. With the exception of one case, all of the 60 abortions referred



to in his table took place easily and without manual interference. Finally, the general character of the aborted product is different in the two classes. In syphilitic cases whenever there is disease of the placenta, this is larger, thicker, more fleshy, patchy, and paler than normal. It often bears evidence, too, of adhesion and of tearing. In the other class, it is difficult to say that there is anything very definitely characteristic in the earlier miscarriages, the ovum is often apoplectic and there is a hemorrhagic mole with a little or no trace of a fetus, but these differ but little, at all events microscopically—from other abortions which are the result of accidental bleeding. In later abortions the child is often dead, but he is not aware of any distinguishing feature of either placenta or fetus. It is only right, however, to add that his observations are mainly clinical. Winckel describes a "tuberculous placentitis," but further observations are necessary to establish the presence, or not, of pathological changes in the placenta accompanying these recurrent abortions not due to syphilis.

He is inclined to attach chief importance to the defective vitality of the mother in these cases, and everything which tends to improve the general health of the mother and child, including the persistent administration of lime salts and easily digested fat, is evidently of the utmost importance in successful treatment.

ACCOCHEMENT FORCÉ AND THE INDICATIONS FOR ITS USE.—*American Gynecology* (April, 1903), publishes among its list of Society Transactions the discussion of this subject at a recent meeting of the Chicago Gynecological Society. Dr. Robt. L. Dickinson, of Brooklyn, discussed by invitation, Bag and Hand Dilatation: He said that the accouchement forcé is major surgery. These operations belong in the hospital operating room, as the grave conditions of eclampsia and placenta previa may be foretold. Barnes' bags are anatomic errors. The conical balloon of Chametier dried and broke apart on slight traction, while the undue elongation of the cone shoved the presenting part up out of the brim and permitted the cord to prolapse. The simple, strong short cone of Voorhees, inelastic, thin enough to slip in, when rolled, wherever the finger tip will pass, with no stopcock to get out of order, is durable, efficient and inexpensive. For rapid dilatation the tube is pulled upon

steadily or with intermissions; but if the normal process is to be stimulated or expedited, the double bag is raised and lowered, and contractions produced, or lessened, turned on or off, as desired.

The disadvantages of dilation by these methods are the same that apply to all artificial methods of opening the cervix. Although the lips of the cervix are opened and separated, thinning, retraction and effacement do not occur. The balloon procedure more nearly resembles the normal process than any other artificial method, and inflicts less injury than any other. Its field is not small, for although its action is usually less rapid, like that of branched dilators, or the hand, yet it has no rival at all for induction of labor, for inertia in the first stage, and as a tampon dilator in placenta previa with a thick, unyielding os. There is nothing so intelligent as the finger, nothing less dreaded, nothing so handy. It will always be the main resource, and this whether it is required to initiate labor by stripping the membranes, or to stretch fully the cervix. Put the rubber cover on it and it is sterile. Give the hand time and few cases can resist its action. The disadvantages of manual dilation are: Infection, overcome by rubber glove; laceration, overcome by patient gentleness; the swollen, contused and unthinned result, a drawback common to all artificial methods. The difficulty is in reaching or entering the internal is when the cervix stands far back in the pelvis. This trouble is easily overcome by the single tenaculum gently drawing downward on the anterior lip. And lastly there are occasional rings so rigid that no finger can pass them. These in hospital work, we fearlessly cut wider, then deliver and repair. In the choice of the method of extraction, the American will often prefer forceps where the German would bring down the foot. Whenever speed is the main consideration one is obliged to turn. Here version is our chief reliance; but its indiscriminate employment must be limited because of the danger of shock, sepsis and rupture. One may not inadvisedly add shock to shock, in blood loss or eclampsia. For induction in the latter months, for inertia during labor, where other causes are eliminated, such as exhaustion, over-distention and malposition of passage or passenger, the bag comes first, then the head, and the forceps finish their work.

In placenta previa the balloon should be used for the narrow cervix that bleeds, when the head will not plug it; version for the bad cases, since the thigh is the surest tampon. For brisk hemorrhage of detachment of a normally located placenta, the greatest speed is attained by manual or metal dilation. For the rigid cervix of the early months, for the unyielding girdle of the elderly primipara, for the gristly hardness of eclampsia, the powerful Bossi instrument is a great boon, and none of its imitators approach it.

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### Department of General Surgery.

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In charge of DR. F. W. PARHAM, assisted by DR. F. LARUE, New Orleans.

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THE RECENT CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS IN WASHINGTON.—We had the pleasure of attending the sessions of the Congress of American Physicians and Surgeons recently held in Washington, and believing that the papers read were of an unusually high order we have thought that a brief résumé of the most important would prove not without interest to our readers. We shall confine our report to the proceedings of the general sessions, which were mostly surgical in character, and to those of the American Surgical Association.

At the first General Session the subject for discussion was "The Pancreas and Pancreatic Diseases." The Anatomy and Physiology of the Pancreas was ably and thoroughly handled by Opie, of Baltimore, who has done so much valuable work in the study of this organ; Chittenden, New Haven, followed with a discussion of the Physiology and the Physiological Chemistry of the organ. Flexner, of Philadelphia, asked permission to dispense with the reading of his paper and instead gave a most interesting talk on the Pathology of the Pancreas. This "talk," given without a note, was a most learned but most coherent and interesting discourse, and was indeed the feature of the whole discussion. Reginald Fitz, of Boston, on the Symptomatology, Roswell Park, of Buffalo, on Tumors and Cysts of the Pancreas, and Prof. Dr. von Mikulicz-Radecki, of Breslau, on Injuries of



the Pancreas and their treatment, completed this most comprehensive symposium. The discussion was closed by Stockton, of Buffalo, Maurice Richardson, of Boston, and Mr. Moynihan, of Leeds, England. The papers by so many masters in their particular fields, when collected in the Transactions of the Congress, cannot fail to prove of the greatest value to the student of the pancreas. It was a great pleasure to all to come face to face with that great man in surgery, von Mikulicz, of Breslau. We had all heard so much of him that we were hardly prepared to find him of such small stature and so extremely modest and simple in his manners. But he won the admiration of all, not only by reason of his conspicuous intellectual endowments, but also by the lively interest manifested by him in all the proceedings of the Congress.

On the following day a "Symposium on the Gall Bladder and its Diseases" was the order of the day in the general session.

Papers were read by Musser, of Philadelphia, on the Diagnosis; on the Differential Diagnosis by Geo. Emerson Brewer, of New York; on the Etiology and Pathology of Gall-stones, by Herter, of New York; on the Diseases of the Gall bladder and ducts, with especial reference to diseases of the stomach and intestines, by Ewald, of Berlin. The concluding papers were by Mayo, of Rochester, Minn., based on a study of 534 operations upon the gall bladder and bile passages, and by Hans Kehr, of Halberstadt, in Germany, on the surgical treatment of obstruction of the common bile duct by stone or tumor. As the last reader has operated on about 800 cases of trouble with the gall bladder and ducts one must consider it a great privilege to hear from the lips of so great a surgeon the simple account of his toiling upward in this different department of surgery to his position of present pre-eminence. Yet, without failing to give due credit to this great German surgeon who honored the congress by his presence, we can not refrain from expressing the feeling of pride which rises within us when we contemplate the work of that other surgeon, an American, reader of a paper on the same subject, reporting an experience in 534 cases of gall bladder surgery, although living in a town of only 8,000 inhabitants away up in Minnesota. Like all truly great men, Mayo is as simple and as modest as he is learned. It would have been a treat, too, to hear the great Ewald express

himself from the view point of the medical clinician, but unfortunately his voice and accent made it impossible to hear and comprehend him, and so we must wait for the published paper. The discussion was closed by Frank Billings, of Chicago; George Dock, of Ann Arbor; Henry Sewall, of New York, and Mr. Moynihan, of England. Taking altogether the proceedings of the Congress in General Session were quite instructive, but unfortunately it was not always possible to hear the distinguished speakers and much was lost, which will, however, be given to us in the published transactions.

All the special associations presented unusually interesting programs, which were carried out in a business-like way, but probably none was more interesting and instructive than that of the American Surgical Association. The subjects discussed were for the most part of great practical interest, and many of them will prove important contributions to surgery. The toilette of the peritoneum in operations for various pathologic conditions was one of the principal topics and brought forth much valuable matter. Abbe again brought up the subject of subdural implantation of rubber tissue in operations for neuralgia of the trigeminus, in place of removal of the Gasserian ganglion. He has now many cases of sufficient duration to prove the practicability and excellence of the technic recommended. Fowler and Brewer both commended the method on the strength of their personal experience. It would seem that Abbe's method has found a place in surgery. Papers on the treatment of malignant disease by the Röntgen ray concurred in the view that the therapeutic field for this new agent was limited as yet; but the hope was expressed by Bevan and others that some means might be found in the future of extending its therapeutic power either in the destruction of low tension cells, while not hurting the normal, or by reducing the vitality of the cells of deep neoplasms with the aid of other means without altering the rays as at present used. Bevan has been conducting experiments along these lines, called by him and his associates "Radiochemic therapy." Their chief work so far has been in attempting to liberate nascent iodine in the neoplasm by first giving the patient immense doses of potassium iodide and then subjecting the part to the rays. A few

seemed to ridicule the idea of expecting any remarkable results from X-ray treatment.

Coley read a paper based upon 1000 cases operated upon for the radical cure of hernia between 1891 and 1902. Increased experience proves the value of the Bassini method and of absorbable material for sutures. Ferguson, of Chicago, denied the necessity of displacing the cord, as shown in the experience of himself and friends in some 2000 cases.

A feature of the meeting were the papers on gastro-intestinal surgery, by von Mikulicz and Moynihan. Von Mikulicz made some contributions to the surgery of cardio-spasm or dilatation of the esophagus, and to peptic ulcer of the jejunum. He believed that ulcer of the jejunum was the result in some cases of the treatment of benign diseases of the stomach by gastro-enterostomy, especially the anterior operation. He expressed the opinion that pyloroplasty was to be preferred in any case where it can be carried out, and he gave the preference to Finney's modification. Moynihan made a decided hit by his paper on a personal record of the surgery of the stomach. His paper proved so interesting that when his time had expired he was requested to finish it. He discussed the treatment of hemorrhage, the symptoms and pathology of chronic gastric ulcer, the surgical treatment of dyspepsia, the symptomatology and treatment of hour-glass contraction of the stomach, which he believes to be acquired and not congenital.

He does not trouble about the excision of an ulcer but at once does a gastro-enterostomy, which in his and Mr. Robson's experience gives immediate relief and permanent cure. This paper elicited much discussion in which Mayo, of Rochester, took a prominent part, taking issue with Mr. Moynihan as to the permanency of the cure of gastric ulcer by simple gastro-enterostomy. In his experience, there was danger of the closure of the anastomotic opening just so soon as the pylorus opened, which might happen when the ulcer had ceased to irritate; then the trouble began anew. He had begun to look with favor upon pyloroplasty and the excision of the ulcer bearing area. Mr. Moynihan very delicately remarked that he was inclined to think that the different results of himself and Dr. Mayo depended in his opinion upon a difference in technic. His results were brought about by the assurance which his method gave of the



potency of the opening, which, in his experience, showed no tendency to close.

Von Mikulicz reported also a remarkable case of intussusception of the colon, including the ileo-cecal valve and a portion of the ileum forming a tumor which presented by the rectum. This was cured by opening the abdomen, splitting the colon, dividing the intussusceptum and pulling it out from above.

Many other valuable papers were read on prostatectomy, sym-pathectomy for exophthalmic goitre, diffuse gonococcal infection of entire upper extremity, myositis ossificans traumatica, the significance of albumen and casts in surgical patients, the drowning of patients in fecal vomit as a complication of operations for obstruction of the bowels and the pathology and treatment of tardy post-operative intestinal obstruction.

One paper deserves special mention, that by Monks, of Boston, on Some Points Connected with the Surgical Anatomy of the Small Intestine. The writer attempted to show by careful study of the intestine in a number of cadavers that there were some data for identifying any coil of intestine when picked up in the abdominal cavity. The paper was considered very practical and deserved the generous applause which it received.

All in all the whole Congress and the surgical sections in particular were a pronounced success, and many of the papers will find permanent place in medical and surgical literature. Subsequently, we witnessed some operative work by members of the Congress. A Finney pyloroplasty, by Finney himself in the Johns Hopkins Hospital; a fixation of movable kidney by von Mikulicz in Jefferson Hospital; a gastro-enterostomy by simple suture, by Moynihan at Pennsylvania Hospital, and a gall bladder excision with hepatopexy in the Hospital of the University of Pennsylvania, by Kehr, of Halberstadt. Moynihan's work was particularly striking. His deftness and thoroughness were remarked by all, and only surpassed by his delicacy and tact in speaking of the achievement of others.

## Society Proceedings.

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### The Louisiana State Medical Society.

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The 24th Annual Meeting of the Louisiana State Medical Society was held at the Medical Department of Tulane University, on Canal street, New Orleans, April 28, 29, 30, 1903.

The meeting was the most largely attended in the history of the Society, and was marked by a most interesting program.

The Constitution as proposed by the Committee on Revision was adopted and promulgated with a few simple changes. This provides for a re-arrangement of the officers, simplifying the business of the Society and providing for a direct relation between local societies in each parish and that of the State.

The State Board of Medical Examiners made a brief report which was freely discussed and the Board came in for a liberal criticism for its lack of aggressiveness.

Resolutions were adopted approving a wider interest and record for vital statistics and Drs. R. Matas and W. G. Owen were selected as delegates to the American Medical Association.

The social features of the meeting were especially notable and much credit was due to Dr. L. G. LeBeuf and Dr. A. G. Friedrichs, the Committee of Arrangements. The first day a reception was held at the Palm Garden of the St. Charles Hotel and the last night a banquet of 192 covers was given at the West End Hotel.

The second night, the President, Dr. Isadore Dyer, delivered his address on "The Art of Medicine, Some Ideals Old and New" and the annual orator, Rev. Hy. W. Foote, delivered a most interesting paper on "The Pilgrim Doctor." The third day was marked by a resolution of congratulation to Dr. Chaillé on the completion of his fiftieth year as teacher at Tulane, and he was elected an honorary member of the Society.

The Committee on Nomination recommended the following officers who were duly elected:

President, Dr. J. M. Barrier, Delhi; First Vice-President, Dr. L. G. LeBeuf, New Orleans; Second Vice-President, Dr.

F. J. Mayer, Scott; Third Vice-President, Dr. Oscar Dowling, Shreveport; Secretary, Dr. Wm. M. Perkins, New Orleans; Treasurer, Dr. M. H. McGuire, New Orleans.

Councillors—Chairman of the Council, Dr. A. G. Friedrichs, New Orleans; Secretary of the Council, Dr. S. L. Williams, Oak Ridge; Dr. J. F. Buquoi, Pointe-à-la-Hache; Dr. F. R. Tolson, Lafayette; Dr. N. K. Vance, Shreveport; Dr. C. M. Sitman, Greensburg; Dr. C. A. Gardiner, Bristol.

The following committees were named for the coming year:

*Scientific Work:* Dr. Wm. M. Perkins, New Orleans, Chairman; Dr. J. D. Trahan, Lafayette; Dr. F. R. Tolson, Lafayette; Dr. A. Jacoby, New Orleans.

*On Public Policy and Legislation:* Dr. C. J. Ducoté, Cottonport, Chairman; Dr. Charles McVea, Baton Rouge; Dr. H. D. Bruns, New Orleans.

*On Publication:* Dr. Wm. M. Perkins, New Orleans, Chairman; Dr. Charles Chassaignac, New Orleans; Dr. A. C. King, New Orleans.

*On Arrangements:* Dr. F. J. Mayer, Scott, Chairman, and all local members Louisiana State Medical Society, at Lafayette.

The next meeting of the Society will be held at Lafayette.

The fiscal year was fixed from January 1 to December 31, the dues to be \$5.00 up to 1904, after which they are to be \$3.00 per annum.

LIST OF EXHIBITORS AT STATE MEETING.—C. C. Hartwell Co., J. G. Hauser, Finlay, Dicks & Co., Abita Spring Water Co., Carabaña Water Co., Parke, Davis & Co., Electra Water Co., E. J. Hart & Co., McDermott Surg. Ins. Co., New Orleans Sanitarium, New Orleans Polyclinic.

### The Association of Medical Colleges.

This association held its meeting in Washington Artillery Hall, on Monday afternoon, May 4, under the presidency of Dr. W. L. Rodman. In his address, Dr. Rodman said that the line of membership in the association should be drawn more strictly than heretofore, and that the preliminary requirements should be elevated in consonance with the views of the boards of examiners.

The majority report of the committee on requirements for membership was submitted by Dr. Parks Ritchie, of Chicago.



It recommended that a standard equivalent to that of a diploma from a four year course in a high school be established as the minimum requirement for entry upon the study of medicine; that twelve calendar months must elapse between the beginning of any course and the beginning of the preceding course; and that after July, 1905, each of the four years of the medical course should be separate and distinct from the courses of the arts and science faculties of a university.

Dr. W. H. Wathen, of Louisville, submitted a minority report, in which he compared American education methods with those of Europe, and pointed out the essential distinction between them, in that in European countries few pupils could be properly prepared for professional schools save through colleges and universities, while in America they could be well prepared in the *free* public schools; hence to adopt a universal requirement of a baccalaureate for admission to professional schools, would be unjust to the profession and the people. But in accepting a high school diploma for such admission, the association should *finally* expressly provide that the diploma of no high school obtainable in less time than that now demanded by the majority of good schools, viz., attendance for twelve years of not less than forty weeks each from the beginning of the primary to the completion of the secondary course, could be accepted. He also urged that no time credits should be allowed for work done, except in a recognized medical college, and the insistence on a discontinuance of a combined academic and professional course.

### The American Medical Editors' Association.

This association held two sessions on Monday, May 4, and one on Tuesday, May 5, at the New Orleans Polyclinic. The annual banquet was held at Antoine's, on Monday evening. Dr. C. E. de M. Sajous, of Philadelphia, was elected president; Dr. Charles Chassaignac, of New Orleans, first vice-president; Dr. O. F. Ball, of St. Louis, second vice-president; and Dr. Joseph Macdonald, of New York, secretary and treasurer. The executive committee was elected as follows: Dr. Winslow Anderson, of San Francisco; Dr. I. N. Love, of New York; Dr. Harold Moyer, of Chicago; Dr. W. A. Young, of Toronto; Dr. C. F.

Taylor, of Philadelphia; Dr. Thomas Hawkins, of Denver; and Dr. Alexander Store, of St. Paul.

### The American Medical Temperance Association.

This association met on Wednesday and Thursday mornings, May 6 and 7, at the Y. M. C. A. Hall. Dr. N. S. Davis, of Chicago, sent a paper reviewing the entire question of the State regulation of the use of alcohol and alcoholic drugs, and taking the position that the traffic in alcohol, being a matter of public health, should not be subject to the general vote, but should be regulated wholly by experts in sanitary science and by the courts.

Dr. Henry O. Marcy, of Boston, presented a paper on table wines and their use from a medical standpoint.

The officers of the preceding year were re-elected.

### The American Proctologic Society.

A two days' session of this society was held and a number of valuable papers were presented. The following officers were elected: President, Dr. William M. Beach, of Pittsburg; vice-president, Dr. Leon Straus, of St. Louis; secretary-treasurer, Dr. A. B. Cook, of Nashville; executive council, Dr. Samuel T. Earl, of Baltimore; Dr. John T. Jelks, of Memphis, and Dr. George B. Evans, of Dayton.

### The Fourteenth International Medical Congress.

Commenting on the history of this international gathering held in Madrid the week beginning April 23, the *British Medical Journal* of May 2 gives a good résumé of the meeting. The attendance was about 7,000; the entertainments numerous and the arrangement evidently inadequate and not anticipatory of so large a gathering. At the inauguration ceremony there were some 5,000 present, and this was marked with all the gorgeousness of official uniforms and court decorations. The King of Spain was simply dressed in a dark blue uniform with a light blue scarf; his decorations were few but notable; among them was the historic Golden Fleece.

The proceedings included a series of addresses from various countries, and noted among these was the address of the president.

Among the countries represented were the following: Argentina, Australia, Austria, Belgium, Brazil, Columbia, Cuba, Denmark, Egypt, France, Germany, Great Britain, Greece, Hayti, Italy, Japan, Luxemburg, Mexico, Netherlands, Norway, Peru, Portugal, Roumania, Russia, San Domingo, Servia, Sweeden, Switzerland, Turkey, Uruguay, Venezuela. There were nearly two hundred from the United States, over 200 from Great Britain, over 700 from Germany and over 800 from France. Half of those enrolled were Spaniards. Something like 1700 papers and communications were listed on the program.

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## Medical News Items.

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THE CHARITY HOSPITAL ALUMNI ASSOCIATION MET and held their banquet, May 1, at Antoine's Restaurant, New Orleans. The attendance was larger than in many years and a great deal of spirit was elicited. The following officers were elected for the coming year: President, Dr. H. Dickson Bruns; vice-president, Dr. W. W. Butterworth; secretary, Dr. James B. Guthrie; treasurer, Dr. I. I. Lemann; executive committee: Drs. C. Chassaignac, E. D. Martin and Felix Larue.

A PASTEUR INSTITUTE FOR NEW ORLEANS.—Considerable public interest has been excited recently with regard to a Pasteur Institute in New Orleans. The custodians of the antitoxin fund, which has increased to about \$15,000, are considering the advisability of getting the original subscribers to allow this money to be diverted to the above object. The sum of about \$750.00 has been set aside by the Committee of Arrangements of the A. M. A., from their surplus; other contributions have already been made for this object. It is estimated that \$25,000 will establish the institution, but it is very likely that a considerably larger amount will be needed for its maintenance.

PERSONAL.—PROF. GEO. E. BEYER, of Tulane University, left for Vera Cruz on May 9, to continue his investigation of the stegomyia and other mosquitoes. Prof. Beyer has already added



largely to the knowledge of mosquitoes and his work last year for the Marine Hospital Service was most valuable.

THE PARISHES OF CLAIBORNE, BIENVILLE AND WEBSTER, Louisiana, held a quarterly meeting of their tri-parish medical Association on May 14. A number of interesting papers were read and the meeting was well attended. Dr. L. Longino, of Minden, is President, Dr. J. E. Knighten, secretary.

RAPIDES PARISH MEDICAL SOCIETY.—Drs. Ashton, White, Simmons, Choppin, Texada, Wilson, Grémillion, Pierson, Randolph, Bayley, Glass, Ball, James, Penninger, met on April 20 and temporarily organized a parish society. A committee of three was appointed to draw up a constitution and by-laws and to submit this to a meeting to be called duly. The following officers were elected: president, W. W. Ashton; vice-president, Drs. Bayley and J. D. Everett; secretary, C. J. Grémillion; treasurer, Dr. J. L. Wilson.

CHARBON IN MAMOU has been checked by the new Board of Health of the parish. Over three hundred cases in animals have occurred since the beginning of the year.

THE LOUISIANA STATE PHARMACEUTICAL ASSOCIATION held a most successful meeting May 12 to 14, electing officers for the coming year, as follows: W. P. Duplantis, president; F. N. Roth, vice-president; W. P. Sbisà, corresponding secretary; Geo. McDuff, recording secretary.

THE SHREVEPORT BOARD OF HEALTH met in special session May 1, to hear the annual report of Dr. J. C. Egan, the president. There were no contagious diseases epidemic in Shreveport during the year, and the general health of the people of this city was good. The death rate during the year, based on an estimated population of 26,000, was: White, 9.5-7 per thousand; colored, 21.5-6; general average, 14.3 per thousand. Dr. Egan makes strong reference to the benefits of good paving and its effect upon the public health.

LIST OF EXHIBITORS AT THE MEETING OF THE A. M. A. NEW ORLEANS, MAY, 1903.—New Orleans Polyclinic, R. V. Wagner

& Co., Victor Electric Co., E. J. Hart & Co., Frank S. Betz & Co., McDermott Surgical Instrument Co., McKesson & Robbins, Schieffelin Co., Lea Bros. & Co., J. B. Lippincott Co., W. T. Keener & Co., Smith, Kline & French Co., The Maltine Co., A. M. Hellman & Co., B. & E. Hanfeld, Rochester Surgical Appliance Co., Welch Grape Juice Co., Vossburg Mineral Springs Co., Colburn, Morgan & Co., Hutchison Acoustic Co., Fairchild Bros. & Foster, Kress & Owen Co., Warner & Co., Denver Chemical Co., S. J. Stewart, Sharp & Dohme, E. Fougere & Co., Clark & Roberts, Sharp & Smith, W. S. Merrill Chemical Co., The Trommer Co., W. D. Allison Co., Battle Creek Sanitarium, Armour & Co., H. K. Wampole & Co., Mellin's Food Co., L. S. Matthew & Co., United Agency Co., N. O. Nelson & Co., F. A. Davis & Co., Londonderry and Electra Mineral Water, Horlick's Food Co., W. Scheidel & Co., Finlay, Dicks & Co., The Ammonol Chemical Co., Vibrator Instrument Co., W. B. Saunders & Co., E. B. Meyrowitz, Geneva Optical Co., Wall & Ochs, F. Codman Ford, Kny-Scheerer & Co., Dr. Deimel, Hance Bros. & White, D. Appleton & Co.

THE STATE BOARD OF HEALTH OF MISSISSIPPI have announced that eighty-four of total of 181 applicants for license to practice medicine had succeeded in passing the examination recently held. .

THE COMMITTEE OF ARRANGEMENTS OF THE AMERICAN MEDICAL ASSOCIATION held a final meeting on May 14. All subcommittees made reports and the Treasurer reported a surplus of something like \$1900. Donations were voted to the churches, Young Men's Christian Association Building, for use of these as meeting places; \$750 was voted the fund for entertaining the Confederate Surgeons; a like sum was voted the fund being raised to establish a Pasteur Institute in New Orleans, provided this be accomplished in 12 months' time; resolutions were passed thanking the ladies and citizens of New Orleans, the newspapers and all others aiding in making this meeting a success. The Exhibit Committee reported \$4,750.90 collected from exhibitors.

PAN-AMERICAN MEDICAL CONGRESS.—At a meeting of the International Executive Committee of the Pan-American Medical

Congress, held April 1, 1903, it was decided to accept the proposal of the Argentine Republic to hold the Fourth Pan-American Medical Congress in Buenos Ayres in 1905, instead of 1903, as had been announced in their invitation of February, 1901.

**MARRIED**—Dr. Philip Van Buren Speir and Miss Janie Williams, at Furman, Alabama, May 14, 1903.

**THE NEW ORLEANS COLLEGE OF DENTISTRY** held its commencement exercises at Tulane Theatre, May 4, 1903.

**THE TREASURY DEPARTMENT AND THE BUREAU OF PUBLIC HEALTH AND MARINE HOSPITAL SERVICE** announce an examination for candidates, June 15, at Washington, D. C.

Candidates must be between 22 and 30 years of age, graduates of a reputable medical college, and must furnish at least two testimonials from responsible persons as to their professional and moral character.

The following is the usual order of the examinations: 1, physical; 2, oral; 3, written; 4, clinical.

The written examination is chiefly on the various branches of medicine, surgery and hygiene.

The oral examination includes subjects of preliminary education, history, literature and natural sciences.

The clinical examination is conducted at a hospital, and when practicable candidates are required to perform surgical operations on a cadaver.

Successful candidates will be numbered according to their attainments on examination, and will be commissioned in the same order as vacancies occur.

**THE ASSOCIATION OF MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERACY** met in New Orleans, May 19 and following days. The sessions were devoted to addresses, medical reminiscences and so forth. Prof. S. E. Chaillé, M. D., who delivered a magnificent address of welcome, was the chairman of the committee of arrangements in honorary capacity, while to Dr. H. B. Gessner, of New Orleans, is to be credited the detail of an enjoyable reunion. Meetings were held at Tulane Medical College, which was made the headquarters of these medical veterans.



HYPERCHLORHYDRIA, A SYMPOSIUM.—The June issue of the *International Medical Magazine* will be devoted to a symposium on this most important gastric subject. More than half a dozen of the leading European specialists will contribute.

PROF. S. E. CHAILLÉ, Dean of the Medical Department of Tulane, was presented by the students with a beautiful silver loving cup, in honor of the fiftieth anniversary of his graduation and as a testimonial of their love and respect.

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## Book Reviews and Notices.

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*All new publications sent to the JOURNAL will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the JOURNAL to review as many of the works received as possible, the editors will be guided by the space available and the merit of the respective publications. The acceptance of a book implies no obligation to review.*

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*Text-Book of Medical Jurisprudence and Toxicology.* By JOHN J. REESE, M. D. Sixth Edition, revised by HENRY LEFFMAN, A. M., M. D. P. Blakiston's Son & Co., Philadelphia, 1902.

When we were an undergraduate, Reese's Medical Jurisprudence was authoritative. That it has lost none of its prestige is evident in a sixth edition. We have reviewed former editions and must repeat the opinion that this is one of the best texts we know, in its arrangement and presentation of the subject. A general revision is evident, the additions of more recent poisons, methods of tests, etc., being noteworthy. We are pleased to note the opinion expressed that trained experts are desirable; for it is quite well known that the average medical man is ever ready to testify as an expert on anything, no matter what information he may or may not have.

DYER.

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*Diseases of the Skin (Medical Epitome Series).* By ALFRED SCHALEK, M.D. Lea Bros. & Co., Philadelphia and New York, 1902.

Handbooks for the student are useful for ready reference but hardly for further service. This is especially true with diseases of the skin where

the subject is so difficult for the average student. Dr. Schalek has presented a good summary of skin affections, giving brief descriptions and omitting everything that could be considered discursive. DYER.

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*How to Succeed in the Practice of Medicine.* By JOSEPH M. MATHEWS, M. D., LL. D. John P. Morton & Co., Louisville, 1902.

There are many sides to a doctor's life, and the pathetic, humorous and skeptic are among these. The struggles of the tyro, and the joys of the successful are both echoes of the experience of most physicians. Dr. Mathews has observed all of these things, and if he has not given the key to the Castle of Riches, he has certainly opened the Realm of the Heart in his work on the living experiences of medical men.

DYER.

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*A Treatise on Massage. Its History, Mode of Application and Effects.* By DOUGLAS GRAHAM, M. D. Third Edition. J. B. Lippincott & Co., Philadelphia and London, 1902.

It is fortunate that the medical man can have a reliable text on a subject so little known and so much neglected by them. Not so much that it is necessary for the doctor to actually practice massage, as it is that he should know how to direct its application. Besides an interesting history of the origin and development of massage, the text contains a clear enunciation of the principles of this procedure and an exposition of the methods to be employed. Illustrations are numerous and graphic and are directed at practical demonstration.

Particular indications for massage are given and fully discussed; the especial diseases benefited by massage are detailed and the modes to be followed are related.

The literary style in the work is creditable and the general impression of the author's effort carries the conviction of the value of a knowledge of the subject matter discussed. DYER.

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*Prophylaxis; Hygiene.* (McFARLAND, LEFFMANN, BABCOCK, ABRAMS.) P. Blakiston's Son & Co., Philadelphia, 1902.

This is volume V of the System of Physiologic Therapeutics (Cohen). It is, certainly, one of those volumes of the whole series that will afford most pleasant reading. In fact, it reads like a novel. Part I, written by McFarland, treats of the origin and prevention of disease in 321 pages, more than half the contents of the whole volume. Part II, by Leffman, treats of Civic Hygiene. Part III, by Abrams, treats of Domestic and Personal Hygiene, Nursing and Care of the Sick-room. Needless to look for words to praise a book like this. There is no more valuable book for the practitioner and nurse. None can be more far-reaching for the instruction of the laity. With the Bible, this book ought to be on the shelf of the family library. E. M. D.

*Therapeutics of Infancy and Childhood.* (JACOBI.) J. B. Lippincott Co., Philadelphia and London, 1903.

This is the third edition of Jacobi's universally known work. In this revision of the book many additions were made; in the main, the latter were taken from the contributions written for the Master's *Festschrift*—fifty-three monographs of contemporary progress in Pediatrics. As the distinguished author himself says, it has been a fruitful source of information to him, so it ought to be to us all.

E. M. D.

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*Practical Medicine.* (THOMPSON.) Lea Bros. & Co., Philadelphia and New York, 1903.

This is a second edition, revised and enlarged, of Thompson's textbook of Practical Medicine. We have known this book to be on the desk of many practitioners, within easy reach, and always consulted for everyday work and reference with advantage in hurried moments when a crowded memory slips. For that very purpose was this book made. The articles are short; the headings in very large print. Additions are inserted on Dysentery, Yellow Fever and Malaria. The sections upon immunization, preventive inoculation and sero-therapy of the various infections have been brought to date. Several of the articles upon diseases of the Blood and of the Heart also have been re-written, and in dealing with the subject of Diseases of the Digestive System much new material has been incorporated. Special attention has been given to the Functional Nervous Disorders. Additional suggestions as to treatment and therapeutic formulæ, will certainly prove of special value. The book is illustrated with sixty-two engravings.

E. M. D.

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*International Clinics*, Vol. IV, 12th Series. J. P. Lippincott Company, Philadelphia and London, 1903.

The interest in the International Clinics is due to the endeavor to give the practising physician the exact kind of help which he most needs, the articles being written by leaders in practice. This volume contains, among other valuable subjects: On THERAPEUTICS—Treatment of aneurisms by gelatin in hypodermic injections; On MEDICINE—Abdominal diagnosis, Scars and marks of clinical interest; On NEUROLOGY—Some aspects of paranoia; On SURGERY—Anatomy of the inguinal region and the radical cure of inguinal hernia; On DERMATOLOGY—Recurring phlyctenular eruption of the fingers, with changes in the nails, possibly of hysteric origin; On OPHTHALMOLOGY—The clinical significance of binocular diplopia. The volume ends with biographic sketches of eminent living physicians and a monograph on the blood in health and in disease. All the articles in this number will prove valuable and helpful. The illustrations, as usual, are very good.

E. M. D.



*The International Text-Book of Surgery by American and British Authors.* Edited by J. COLLINS WARREN, M. D., LL.D., HON. F. R. C. S., ENG., and A. PEARCE GOULD, M. S., F. R. C. S. Second Edition, thoroughly revised. Two volumes. W. B. Saunders & Co., Philadelphia and London, 1902.

The scope of this admirable work is aimed at making a text of surgery carrying the expression of a number of teachers, the matter being so arranged as to form a logical reference work for both the student and physician. The contributors include over fifty of the leading surgeons in the United States, Canada and Great Britain.

It is impossible in a small space to discuss the entire work, but the review of leading articles must convey some idea of its value. For example, the chapter (XIV) on Anesthetics and Surgical Anesthesia exhaustively relates the historical development of anesthetics, discusses the pharmacology, treats of the local and general application, and gives in specific detail the modes of application, changes and physiologic principles involved in each substance employed.

Regional Surgery is handled fully and special organs are treated from every surgical standpoint. Surgical deformities are exhaustively discussed, this section, as well as others, being fully illustrated. Gonorrhea and Syphilis are included in this text as surgical affections, and a chapter is devoted to the Surgery of the Skin (by Dr. R. Matas, of New Orleans), embracing, however, those cutaneous affections of strictly surgical characters; the pages devoted to the treatment of cancer are well put and practical, an excellent review of the caustics employed being given on page 936; a good resumé of X-ray treatment may also be found in this chapter. Chapters on Military Surgery, Naval Surgery, Traumatic Neuroses and Tropical Surgery conclude the work.

No opinion can be ventured upon the character of this work, superbly illustrated, excellently edited, except that of the highest encomium.

DYER.

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*A Reference Handbook of the Medical Sciences.* Edited by ALBERT H. BUCK, M. D. Vol. V. (INF.-MOS.) Wm. Wood & Co., New York, 1903.

As with the previous volumes of this work, each article is as exhaustive as it is possible to make it and the variety of special writers insures complete collaboration. Of course, some articles are of greater length than others, the special importance dictating the greater length. Altogether the object of making this work encyclopedic has been accomplished, as almost every subject medical in alphabetic sequence has been considered. In the present volume this may be especially noted in such articles as those which discuss mineral springs, obscure medical baths and the like.

Among the striking articles in this section of the Handbook we find a number: Insanity, by several authors, superbly presented and illustrated, over 100 pages. The chapter on Insects gives exact descriptions, with many illustrations, of all the insects which may attack the human being, as parasites or otherwise. The chapter on iron is fully descriptive of all

the medicinal preparations of this substance and the virtues of each. The article on the Kidneys is also complete. The article on Leprosy is especially noteworthy for the illustrations showing the bacilli. Other articles are on the Liver, Lungs, Lupus, Lymphatic System (admirably illustrated), Mastoid Operations, Measles and Mercury. This last subject is excellently handled and a list of all the salts used is given, with the indications for the employment of each. Long articles on Military Hygiene, Milk, and Mosquitoes close the book.

DYER.

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*The Care and Feeding of Children*, by L. EMMETT HOLT, M. D., LL. D.  
D. Appleton & Co., New York and London, 1903.

This is a third edition of the well-known catechism for the use of mothers and others in charge of infants and small children, first published in 1894. Some sections have been rewritten and several have been added.

It is an invaluable guide to the inexperienced and can serve a useful purpose with the most experienced. Physicians may well recommend it to such of their clientèle as have the care of and care for their babies.

C. C.

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*Twentieth Century Practice of Medicine*. Volume XXI. Supplement.  
Edited by THOMAS L. STEDMAN, M. D. Wm. Wood & Co., New York, 1903.

The advances in medicine and surgery since 1901 have been sufficiently marked to demand additional text and in order to bring the above work up to date the publishers have issued a supplement, containing many articles of value. Especially noteworthy are these below:

The Röntgen Rays in Medicine, by Dr. Carl Beck, gives a thorough description of the apparatus employed in both skiagraphy and radiotherapy; full discussion is given of the mode of action and the indications for the use of the X-Ray in the treatment of various diseases, surgical and cutaneous. Dr. Carl van Noorden discusses Diabetes Mellitus; Dr. T. J. MacLogan writes exhaustively on newer and anomalous forms of rheumatism, while Dr. E. E. Walker discusses gout. Dr. C. W. Allen presents recent therapy in Skin Diseases and relates the latest opinion regarding mooted questions in cutaneous pathology. Several excellent articles follow on the Nose and Throat, the lungs, the esophagus and the liver; and others on affections of the digestive tract and of the genital organs.

Under the general head of Diseases of Children over fifty pages are found. An excellent chapter on Scarlatina is given by Dr. F. Forcheimer; he gives considerable space to Class's diplococcus and describes it fully; the symptomatology is well presented and a good resumé of treatment follows.

In such a mass of material, particular selection would seem invidious, and it is difficult to name all those of value. The list of contributors is large and consists of the best men to be had. Sternberg's article on Yellow Fever is notable because of its general scope and the amount of space

devoted to it. It must lose value, however, because of the fact that the writer sees fit to ignore all of the work done in New Orleans in recent years both with the stegomyia and in the laboratory and clinical study of this disease, work, which elsewhere has received adequate recognition. The personal equation of the article carries only the exceptional quotations from the writings of authorities in New Orleans from 1840 to 1867.

The Theories of the Parastitic Origin of Cancer are excellently presented by Dr. W. Roger Williams, who exhaustively reviews each proposition made in recent years. The criticisms are liberal, making the article all the more valuable.

The publishers of this work have still more added to the obligation and gratitude of an interested profession.

DYER.

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*International Clinics.* Edited by HENRY W. CATTELL, A. M., M. D. Volume II. XII Series. J. B. Lippincott Co., Philadelphia, 1902.

This volume presents articles on Diabetes, Acute Urethritis, Fractures, Aortic Aneurisms, Gastrointestinal Auto-intoxication, Radical Cure of Hernia and other articles of value on various subjects. The Clinics fill their own place in medical literature, being, as they are, practical lectures on current subjects, brought up to date by teachers on special subjects, qualified to write in a way to benefit the interested reader.

DYER.

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*The Development of the Human Body.* A manual of Human Embryology. By J. PLAYFAIR MCMURRICH, A. M. Ph. D. P. Blakiston's Son & Co., Philadelphia, 1902.

In a superbly logical text the reader is carried from the interpretation of a simple cell, through the history of spermatogenesis, ovum fertilization, into the development of the human embryo. The formation of each structure, elemental and gross, is considered in exact detail and a replete bibliography is annexed to each chapter. In separate chapters each organ is discussed and a full illustration adds to the value and interest of an exhaustive and erudite text.

As a work of reference, as a practical text, and as an educational volume this is the best we have yet seen on the subject.

DYER.

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*Progressive Medicine*, Vol. IV. Lea Brothers & Co., New York and Philadelphia, 1902.

There are many pages of the most absorbing interest in this quarterly digest of advances, discoveries and improvements in diseases of digestive tract and allied organs; liver, pancreas and peritoneum; anesthetics, fractures, dislocations, amputations; surgery of the extremities and, orthopedics, genito-urinary diseases, diseases of the kidneys, physiology and hygiene. The practical therapeutic referendum is replete with formulas of value.

E. M. D.



## Publications Received.

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*Manual of International Classification of Causes of Death.*—United States Census Office, Washington, 1902.

*The American Purity Alliance, Twenty-seventh Annual Report, 1902.*—New York, 1903.

*Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition*, by Dr. Carl von Noorden; Part III; *Colitis*.—E. B. Treat & Company, New York, 1903.

*The Practical Medicine Series of Year Books*, Edited by Gustavus P. Head, M. D. Volume V, *Obstetrics*, edited by Reuben Peterson, M. D., and Henry F. Lewis, M. D., April, 1902.—The Year Book Publishers, Chicago.

*Materia Medica for Nurses*, by John E. Groff, Ph. G.—P. Blakiston's Son & Co., Philadelphia, 1903.

*The Elements of Pathological Anatomy and Histology*, by Walter Sydney Lazarus-Barlow, M. D.—P. Blakiston's Son & Co., Philadelphia, 1903.

*Bacteria in Milk and Its Products*, by H. W. Conn, Ph. D.—P. Blakiston's Son & Co., Philadelphia, 1903.

*A Practical Treatise on Materia Medica and Therapeutics*, by Roberts Bartholomew, M. D.—D. Appleton & Co., New York, 1903.

*A Laboratory Text-Book of Embryology*, by Charles Sedgwick Minot, LL. D.—P. Blakiston's Son & Co., Philadelphia, 1903.

*Annual Report of the Commissioner of Education for the Years 1900-1901*, Volumes I and II.—Government Printing Office, Washington, 1902.

*An Ephemeris of Materia Medica, Pharmacy, Therapeutics and Collateral Information*, Volume VI (1900-1902), and Volume VII (1903), by Edward H. Squibb, M. D.

*Report of the Board of Administrators of the Charity Hospital, State of Louisiana, 1902.*

*The Practical Medicine Series of Year Books*, edited by Gustavus P. Head, M. D. Volume IV, *Gynecology*, edited by Emilius C. Dudley, M. D., and William Healey, M. D., March, 1903.—The Year Book Publishers, Chicago.

*The International Medical Annual.*—E. B. Treat & Co., New York, 1903.

**MORTUARY REPORT OF NEW ORLEANS.**

(Computed from the Monthly Report of the Board of Health of the City of New Orleans.)  
**FOR APRIL, 1903.**

CAUSE.	White.	Colored.	Total.
Anemia.....	3	...	3
Fever, Malarial Intermittent.....	...	2	2
" Typhoid or Enteric.....	4	2	6
Paralysis.....	6	...	6
Mania.....	4	...	4
Congestion of Lungs.....	2	...	2
Small Pox.....	...	2	2
Puerperal Diseases.....	6	4	10
Bronchitis.....	3	5	8
Syphilis.....	2	1	3
Influenza.....	7	3	10
Alcoholism.....	3	...	3
Whooping Cough.....	1	1	2
Pneumonia.....	17	12	29
Cancer.....	15	8	23
Tuberculosis.....	49	53	102
Diarrhea (Enteritis).....	19	9	28
Dysentery.....	2	...	2
Gangrene, Senile.....	2	...	2
Hepatic Cirrhosis.....	5	4	9
Other Diseases of Liver.....	4	...	4
Peritonitis.....	2	1	3
Diseases of Spinal Cord.....	4	...	4
Debility, Senile.....	16	5	21
" Infantile.....	7	2	9
Bright's Disease (Nephritis).....	28	16	44
Other Diseases of Urinary System.....	3	3	6
Heart, Diseases of.....	32	17	49
Cerebral Hemorrhage.....	10	4	14
Rheumatism.....	4	1	5
Meningitis.....	6	...	6
Ulcer of Stomach.....	2	1	3
Causes Ill-Defined.....	14	8	22
Trismus Nascentium.....	3	4	7
Injuries.....	16	17	33
Suicide.....	3	1	4
All Other Causes.....	13	3	16
<b>TOTAL.....</b>	<b>317</b>	<b>189</b>	<b>506</b>

Still-born Children—White, 15; colored, 11; total, 26.

Population of City (estimated)—White, 227,000; colored, 83,000; total, 310,000.

Death Rate per 1000 per annum for Month—White, 16.75; colored, 27.32; total, 19.58.

**METEOROLOGIC SUMMARY.**

(U. S. Weather Bureau.)

Mean atmospheric pressure..... 30.00  
Mean temperature..... 68.00  
Total precipitation..... 0.97 inches.  
Prevailing direction of wind, southwest.









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